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Recapitulation

The dictionary gives the definition of recapitulate as "go over headings of, summarize, go quickly through again". This issue of the *Journal* attempts to accomplish the spirit of that definition by bringing to the thousands of nurses all over Canada who were unable to attend the biennial convention in Winnipeg, the principal addresses and reports of committees which were presented. No printed words can convey an adequate picture of the personalities who participated both in presentation and discussion. An attempt to recapture some of that atmosphere was made in the August number. Go back and read again the brief story of the activities, visualize a large auditorium filled with interested nurses, then listen, as they listened, to the cumulative results of two years of continuous effort to meet the demands made upon the Association by the war to maintain and improve both the standard of nursing service offered and the conditions under which nurses work.

In an organization with as large a membership as the Canadian Nurses Association, most of the participants at a convention are just so many names and their reports seem dry, insensate things. Usually there is the Reader's Guide where the various contributors can be introduced. Since it is dispensed with this month, brief glimpses at some of the reports and the nurses who prepared them will provide a mind-set before you plunge into the general text.

For a comprehensive picture of the myriad Association activities turn to the reports of the Honourary Secretary, Miss Rae Chittick, and the General Secretary, Miss Kathleen Ellis. These condensed accounts of thousands of hours of work merit careful reading as they epitomize the work of the executive and all of the committees. The report of the National Emergency Adviser, Miss Ellis, completes the general picture of the steps which have been taken. Miss Juliette Trudel's report as associate French-

speaking Adviser demonstrates the unanimity of purpose which is common to all Canadian nurses. Miss Electa MacLennan's account of the ensuing publicity program brings a glimpse of the multifarious ways in which individual nurses may assist in the program. Miss Florence Walker's cumulative report for the provincial associations shows how the diversified patterns of national activities are given meaning and colour when applied in each local situation.

The program provided an entire forenoon for the discussion of health insurance and nursing service. Miss Ellis completed the biennium as chairman of this committee following the death of Miss Alice Ahern. In addition to this committee's report, the masterly exposition on this topic prepared by Miss Chittick will be very enlightening to groups who are studying the problem. Highlighting the discussion which followed were two interpretations of how health insurance may be expected to function. Miss Elinor Palliser presented the hospital aspect and Miss Elizabeth Russell the community approach. All of this material is a valuable supplement to the information which has previously appeared in the *Journal*.

The utilization of a secondary group of workers to assist with the care of patients is more and more rendered necessary as the supply of registered nurses diminishes. The final report of the committee dealing with the problems of the subsidiary nursing group, convened by Miss Ellis, includes recommendations with which every nurse should be familiar. Miss Nettie Fidler of the School of Nursing, University of Toronto, suggests diversifying the training of nurses to meet the different levels of need. Miss Kathleen Russell as chairman of the Committee on Nursing Education presents a challenge which calls for clear thinking and eventual action. Don't miss reading these reports.

Space will not permit reference to all the other valuable reports which are included here. If you were a delegate, you will find that a study of this whole issue will serve to refresh your memory. If you were not at the convention, resolve to read each report carefully — they are worthwhile.

The proof of the excellence of the leadership in the Canadian nursing scene lies before you in succeeding pages.

—M.E.K.

Aloha oe! General Secretaries

Fortunately the Hawaiians have given us a word which may be used in farewell and also in greeting. It is *aloha* then, to Kathleen W. Ellis whose tenure of office as General Secretary of the Canadian Nurses Association expired on September 1. The sterling contribution which Miss Ellis has made during her brief year as General Secretary, coupled with her untiring activity as Emergency Nursing Adviser almost from the beginning of the war have made an indelible impression upon nursing in Canada which will be even more apparent in the years to come. In bidding farewell to Miss Ellis, the Canadian Nurses Association is fully conscious of its indebtedness to her. Her influence will continue to be felt through her work in Saskatchewan.

Aloha to Gertrude M. Hall who assumes the office of General Secretary on October 15, 1944. From her years of experience both in public health nursing and as Executive Secretary and School

Charmbury, Saskatoon.

KATHLEEN W. ELLIS

GERTRUDE M. HALL

of Nursing Advisor of the Manitoba Association of Registered Nurses, Miss Hall brings to her new work a broad understanding of the problems facing nursing in Canada. She has participated in the formulation of plans and policies within the Association while a member of the Executive Committee and is thoroughly conversant with the varied pattern of Association activities. Miss Hall is assured of a hearty welcome at National Office. —FANNY MUNROE

The President's Address

MARION LINDEBURGH

This is the third general meeting which the Canadian Nurses Association has held since the outbreak of war, and it would be well to pause in retrospect.

The Canadian Nurses Association has been attempting, over a period of four years and more, to meet the greatest challenge in nursing history and wide powers have been given to your Executive Committee in order to afford freedom to act in emergency situations. In many instances quick action has been necessary. In other situations special Committees were appointed to take responsibility regarding matters that needed investigation before recommendations could be made.

Conveners of special committees, our National Adviser as well as others who are assuming leadership in our Association are filling positions of great trust. Such responsibilities, however, are not without compensations; the opportunity of working with others, the satisfactions which result from something accomplished, the acceptance of disappointments and discouragements as a new challenge to better effort, the broadening of one's outlook and ex-

perience, and the privilege of contributing to a great and lasting cause, are some of the personal returns in accepting national and provincial leadership. May none lose, or refuse to seize the opportunity of taking part in nursing affairs. It is only through participation and contact with those more experienced than ourselves that we can grow in professional stature and usefulness.

The holding of this Biennial Meeting might be questioned in the light of various war time restrictions, and shortage of personnel to carry on, but in the belief that every member of the Canadian Nurses Association has a part to play and that nursing problems must be shared with all members at this critical time, this general meeting has been called.

The splendid attendance is encouraging for it is evidence of a desire to assist in the solution of our war time difficulties, and to share in the plans for post-war nursing. Let us take full advantage, therefore, of the programme provided and of personal contacts during this week. If we try to discriminate in our thinking, and use our precious time for discussion of matters that demand first attention, we may say with humility and satisfaction at the conclusion of this meeting that we have gained in understanding and perspective, that we have become more aware of the possible repercussions of the present crisis, that we have become more eager to study national developments of civic and governmental nature and that we have acquired more insight and foresight, both of which are so necessary in charting our course ahead.

While we are being given financial aid in support of nursing, and are working more closely with other organizations than ever before let us remember that the greatest strength lies within ourselves and we should make the most of it. We shall, therefore, profit most by recognizing and encouraging worthy efforts and by stressing achievements rather than by dwelling upon mistakes which have been made.

War time difficulties can affect unfavourably the attitude, disposition and outlook of us all. Because of the overload of work and responsibility that has been placed upon nurses in the various fields of service, an attitude of business and rush is becoming very apparent, and we are in danger of being too busy to safeguard the things in nursing that really matter. If anyone in this gathering has not read the article in the *American Journal of Nursing* for March last, entitled, "We Cannot Afford to Hurry", she would find it enlightning and profitable to do so. It states that the science and art of nursing are in danger of degeneration in consequence of a fatalistic attitude that there is now no time to teach or supervise. The article continues to discuss various activities relating to nursing care, and the teaching of students, which nurses in charge say they are now too hurried to consider. If in these hard times we are not physically and mentally able to maintain the fundamentals which make for the preparation of the professional nurse, which in turn assures the public of the quality of service to which it is entitled, then our chances of playing a vital role on the new social order will be doubtful. Our philosophy, particularly in this war time, must be built about the idea that "we can" rather than "we cannot"; we will make time", rather than "we have no time". The attitude of the defeatist has no place in the nursing world today. The positive approach towards accomplishments must characterize the functions of administration, teaching and supervision, if we are going to surmount the problems which at first sight appear to be too difficult to solve.

When we reflect upon the tre-

mendous risk and fearful hazards being faced by our men in the fighting forces, and marvel at their achievements, let us be mindful of the fact that they have been disciplined in mind and spirit to say, "Yes, we can take Casino"—"Yes, we can land on the beaches" — "Yes, we can liberate France and the other occupied countries." They have demonstrated to us the possibility of achieving the "impossible".

Our nursing sisters, too, are good soldiers. They are doing a magnificent job, divorced from selfish motives, dedicating themselves to a service which is so essential to our fighting men. Nor must we fail to recognize the services of those nurses on the home front who are carrying on under increasing difficulties.

UNRRA is now calling for nurses with special qualifications, to go into war torn areas in Europe to help in the rehabilitation of millions of families whose health and spirits have been broken. It will involve hard work, discomfort and possibly hardship — but the opportunity is ours.

Never in our history have nurses been in such great demand. Nursing has, at last, become publicly recognized as an essential humanitarian service, and it is of vital importance that nurses should think seriously of the need for special preparation to fill positions of ever-increasing responsibility.

In any scheme of social security that may come into being, nurses must be ready to take an important part in the prevention and cure of disease, in the restoration and promotion of health, and be ready to participate in a nation-wide health education programme. Health and education are to be two major objectives, more important than any others, in plans for the years after the war. It would seem that the responsibility for the education of the public in health will fall largely upon the medical and nursing professions, and we must prepare ourselves.

Health education has been in many instances much too general and too vague to be effective. It has failed to develop in the public mind a sufficient degree of health conscience and behaviour which could be one of the greatest safeguards to national health. Great opportunities for service were lost in the field of health education after the last war because nurses were not adequately prepared. Let us not be caught napping again!

There is every evidence that personal and professional requirements for many positions in post-war reconstruction are going to be much more strictly defined, and it is hoped that nurses will measure up to these requirements. It is well at this time that a liberal proportion of the Government Grant is being allotted to bursaries to enable nurses to prepare themselves for administrative, teaching and supervisory positions in all nursing fields.

Plans which are now well under way to provide for continued education and re-training for men and women in the armed forces upon demobilization offer equal opportunities for returned Nursing Sisters. We feel confident that many will desire to take advantage of the financial assistance and educational facilities which will be available.

Perhaps one of the hardest decisions that faces administrators in schools of nursing and in public health nursing organizations in this war period is the releasing of members of the nursing staff for postgraduate study. But this must be done, if even minimum standards of nursing service and nursing education are to be maintained. It is most commendable that, in spite of the shortage of nursing personnel, the total enrolment of graduate nurses in Canadian university schools and departments of nursing this past session was the greatest in history.

This enlarged enrolment, however,

did not nearly meet the present demand for qualified staff. Many schools throughout the country are still without instructors for the fall term. This situation is made more serious due to the fact that schools of nursing are being encouraged to accept more applicants to meet emergency nursing needs.

We are very conscious of the fact that the future of nursing education depends greatly upon what we do now, and in making war time adjustments heads of schools are reluctant to forfeit those essentials, which are basic to the preparation of the nurse. Short cuts that have had to be made in the nursing course, utilizing students to replace graduates, increasing the students' nursing load, insufficient teaching and supervision, particularly in the clinical fields, are matters which cannot be taken lightly. It is significant to note, however, that the impact of war conditions upon the student programme has focussed attention upon aspects of nursing education that have not received sufficient attention. Critical thinking has begun, and we are approaching a time when serious consideration will be given to a sounder and broader preparation of the professional nurse. In this forward movement, we need to keep before us the fact that nursing education has no purpose or goal apart from the service which the student is being prepared to give. We should, therefore, begin now to determine the future scope of nursing, and the various activities in which nurses will be engaged, as the initial step in planning a new educational programme for the professional nurse of tomorrow.

The Joint Committee, which has been formed recently with representation from the National League of Nursing Education and the N.O.P.H.N., is working on ways and means of integrating social and health aspects in the basic nursing course. It will be of interest to follow the work of this Committee and its recommendations will have a profound effect upon the undergraduate curriculum.

This is not the place, nor is there the time in this brief address to discuss trends in nursing. Whether there will develop another type of professional nurse, whose functions will supplement and complement the other type, or whether through modification of training the non-professional worker will fill the gap, are matters that have come to our attention and we must take action.

The final outcome, however, will be determined by what the public needs and demands. Nursing no longer remains in the possession of the nursing profession; it is a public utility.

We do not know how long the war is going to last, or how many more adjustments will need to be made, but it is our hope that whatever policies may be adopted and whatever measures may be taken will not only be of permanent benefit to nursing in Canada, but that they may have some influence upon the re-establishment of standards and the revival of nursing activities in the countries within our international family.

Preview

So that our readers may have a peek over the editor's shoulder at what is coming in the next issue, a brief preview of a few of the outstanding articles will be announced under this heading each month. Fuller details on the work of each author will be presented as usual under the *Reader's Guide*. Watch for the various *Preview* notices as you read through your *Journal*.

National Unity

A. M. Shinbane, K.C.

I esteem it a great privilege to address this gathering, representative as it is of so significant a section of the womanhood of Canada. The members of your organization, in more senses than one, are 'Bearers of the Lamp', and your coast is truly 'from the Wilderness to the Great Sea'. No one knows better than you that a sound body needs a sound mind. Mind and body are inextricably interwoven, whether in an individual or in a nation. An active and healthy public opinion demands the circulation of ideas just as much as an active and healthy body requires the circulation of blood. You have honoured me with your gracious invitation, but you have honoured yourselves in asking that this address be on National Unity. Your request is proof that you evince that inquiring mind in the field of the body politic that is the first essential of the good citizen worthy of citizenship. But I am not here to exchange civilities with you. I am conscious that the least I owe you is to speak to you on this thorny subject openly and candidly, withholding not one element of the truth as it appears to me, and within the limitations of my capacity, faithfully to mirror for you this picture of our Canadian home.

Are we a nation? And if we *are,* do we possess that essential unity without which our nationhood is but a hollow shell? First of all, as Voltaire would say, let us define our terms. What *is* a nation? What do we mean by *unity?* The Oxford dictionary says that a nation is a distinct race or people, characterized by common descent, language or history, usually organized as a separate political state and occupying a definite territory.

Whatever that doubtful thing race may be, as Canadians certainly we are *not* a race; we most certainly are not characterized by common descent or common language; it is not *we* who live in Canada, but the Canada in which we live that has a common history. Even that history has not been common to all Canada. The dictionary notwithstanding, I have no hesitation in asserting we *are* a nation; and that we are not merely the joint occupants of a separate political state in a definite territory.

A common language is helpful in the making of a nation, but it is not enough to speak the same words; thinking the same thoughts is immeasurably more important. The glory that was Greece was compounded of people who spoke different tongues but who were imbued with the common spirit of those intangibles which we call civilization. Greece was a nation. The ancient Hebrews were made up, even in the days of the Prophets and the Kings, of various racial strains, but they became a nation through fealty to one central and dynamic ideal — the brotherhood of all men and the common Fatherhood of one God. Briton and Angle, Saxon and Dane, Pict and Scot, Norman and Huguenot all contributed to the ideal of liberty which makes Great Britain a nation. Switzerland speaks not merely three languages, as is commonly thought, but four — and Switzerland is a great nation, albeit a small one. Our great sister nation, the United States of America, has been a melting pot of all the nations. Yet she is as truly national a nation as any that exists on earth.

No, not language, not geography make a nation, but a society of men and women who possess and are possessed by common institutions, common interests, common purposes, common ends; above

all, by the hard central core of a common idea. In that sense the whole world, as envisioned by Isaiah, may some day become one nation. But we are speaking here of today, not of tomorrow of Canada, not of the world.

In form at least, Canada most certainly is a nation and she has grown into nationhood in less than a century. I said, and said deliberately, that Canada had *grown* into nationhood. Holland and the United States became nations by revolution; Canada has become a nation by evolution. Let us look briefly at those steps in our evolution towards nationhood. In 1763 the Treaty of Paris ceded Canada to Great Britain. For eleven years the country was governed by Royal Proclamation. In 1774 came the Quebec Act which conferred a rudimentary but powerless public assembly. The American War of Independence and the coming of the United Empire Loyalists brought the Constitution Act of 1791, which divided Canada at the Ottawa River. In Upper Canada, the Family Compact brought into being the Reform Party. Reform unfulfilled, brought 1837. The Rebellion of 1837 brought the Durham Reports of two years later and the Durham Reports brought the Act of Union in 1840. Eight years later came Responsible Government. The American Civil War of 1861 and the subsequent threat to Canada forced the Coalition Government of 1864 and from this came Confederation in 1867, the first federal union in the British Empire. But Canada, despite the British North America Act, perhaps because of it, was still a colony; our House of Commons was subservient to the enactments of the British Parliament.

Forty-seven years ago, almost to this very day, Sir Wilfrid Laurier, the Prime Minister of Canada, was the guest of honor at a banquet given by the Imperial Institute in London. There the colonial premiers had assembled to mark the Diamond Jubilee of Queen Victoria. The Prince of Wales presided, and it was not thought improper that in introducing Sir Wilfrid, the future Edward VII should refer to New Zealand, Australia — and Canada — as "our great colonies".

Laurier wasted no words. "Colonies", he said to the assemblage, "were born to become nations. It has been said that perhaps the time might come when Canada might become a nation itself. My answer is this simply: Canada *is* a nation. Canada is free, and freedom is its nationality". What he said was not merely prophetic; it was true.

It is the custom of our constitutional pundits to say that Canada became a nation only with the enactment of the Statute of Westminster in 1931, but that statute merely clarified what was already a fact. It merely provided the legal clothing for a usage that was more real than any legal theory.

In the legal field, the advances toward Canadian nationhood within half a century had been so swift as to constitute almost a constitutional miracle. In most countries, self-government has been obtained by the process of revolution, and I have already cited the Netherlands and the United States as two outstanding examples. But political union and full self-government must precede, and are a necessary condition to the existence of what we call nationhood. In Canada, that process was hastened by the war of 1914. In that war, Sir Robert Borden made it plain that our Canadian troops, commanded by Sir Arthur Currie, fought as a separate and distinct Canadian army. Sir Robert Borden carried this attitude to its logical conclusion at the peace negotiations. At Versailles, the representatives of Canada concerned themselves primarily with one thing — the legitimate interest of the Canadian people. Responsibility must go with rights. Canada signed the peace treaty as a separate and sovereign power. She took her seat in the League as a sovereign nation, and the Imperial con-

ferences of 1923, 1926 and of 1930 hastened the process. The Statute of Westminster formulated in legal language what had become an accomplished fact. By that statute, Great Britain and the Dominions were decreed "in no way subordinate one to another in any aspect of their domestic or external affairs". The British Commonwealth of Nations had become a free association, based upon a common allegiance. Subordination gave way to broad loyalties. In the words of Lord Balfour, it bound them together by common feelings and interests, by devotion to world ideals of peace and freedom. "That is the bond", said Lord Balfour. "If that is not enough, nothing else is enough". The most significant aspect of this free association of free peoples was made clear by Mr. Lapointe. Shortly before the outbreak of this war he declared: "The Statute of Westminster instead of being an agency of division is an agency of unity —unity is liberty, without which no British nation can exist. We will resist all attempts to break up the "Commonwealth".

Having said so much, we have said merely that Canada is a nation. Is it a united nation? Do we possess that sense of national unity, that one-ness of national aim and national purpose which alone denotes the mature and purposeful nation? No one in Canada can approach this subject without a sense of trepidation. Indeed, mine is the perplexity of the little maid, who, bidden to learn to swim, was adjured to "hang your clothes on the hickory limb, but don't go near the water". I propose that we not only go near the water, but that we plunge right into it. The water is cold, and we may get a shock or two, but on the whole the plunge will not be as bad as we fear and I hope that we shall come out of that water braced and even exhilarated.

The question of national unity, when it is discussed by public men, is too often treated with vague generalities. They are palpably timorous of giving offence. Surely between friends, and surely between fellow citizens, there must be some degree of candour. If we are afraid to be candid, then we are afraid of each other, and I have often felt that this very timorousness is one of the main causes that accentuate differences which are, after all, not fundamental.

The least informed of us are aware of conditions and attitudes which on the surface would give point to the assertion that we are a disunited and not a united country. Ontario points the finger at Quebec; Quebec at Manitoba; Manitoba at British Columbia; and British Columbia at the rest of the Dominion. None of us, apparently, heed the admonition that he who is without sin should cast the first stone. The people of Quebec complain, and complain with justice, that English-speaking Canada does not try to understand its problems, or even to consider its viewpoint. Speaking for myself, I can see no reason why Canada should not be bi-lingual, or, for that matter, multi-lingual. The more languages we know and speak the wider will be our understanding, and the more profound our informed sympathies. Yes, I would like to see every English-speaking Canadian read, write and speak French, just as I would like to see every French-speaking Canadian read, write and speak English.

As a matter of fact, the dualism of race in Canada is only one of the numerous dualisms which retard the achievement of complete national unity. There are also the dualism of geography and the dualism of economic interest. Before critics in Western Canada start casting stones at the protagonists of Laurentia, let them not forget that there were those only a few years ago in the prairie provinces who saw secession from Confederation as the only answer to what they conceived to be economic inequality and discrimination.

The important thing is that despite all these differences, dualisms, and apparent incompatibilities, we have a strong residual sense of nationality — an insistent and consistent pull towards national unity, and a profound inner urge, to think, to speak, and to act as a nation clothed with the veritable garment of nationhood. All of us, regardless of political inclination, felt a sense of possessive pride as Canadians at the profound impression made by the Prime Minister of Canada in his memorable address to the assembled Houses of Commons and Lords in London. It was not only Quebec which responded with affectionate pride when one of its valorous sons was accorded the Victoria Cross. The whole of Canada took young Major Triquet to its heart, and did not stop to inquire whether he lived in Trois Rivieres or in Penticton. War is evil and bestial, but this war by free men for a free society has at least made clear that we all live in one Canada. Most of us feel like the old habitant, who was asked by his little grandson what was meant by "la patrie". Grandpère waved his hand at the acres which his family had cultivated for generations, and said to the child, "Ca, ça, c'est la patrie".

There is a homely saying that empty vessels make the loudest noise. When we read our paper, our eyes are caught by the sensational rather than by the solid; if some propagandist delivers himself of a disruptive diatribe, we listen, not because we are impressed, but because our interest in the bizarre is titillated. We forget for the moment the millions of sober, moderate, patriotic, ordinary folk whose love for their country embraces the whole of it, the commonality which is neither parochial nor provincial, but who have, at bottom, as profound a sense of realities as any statesman on Parliament Hill. Even agitators are sometimes commendable, for there are times when the heart has reasons which reason knows nothing of.

When the Prime Minister of Canada returned after his attendance as Canada's representative at the coronation of Their Majesties in 1937, he spoke to the people of Canada in a national broadcast, words which may well be repeated here:

No one can return to Canada after a sojourn abroad without realizing more than ever how fortunate we are in our country, in its size and geographical position, in its vast resources, in its people, in its democratic institutions, in the friendship shared with our immediate neighbour, and above all, in what we enjoy of liberty, and individual freedom of thought, of speech and of conscience. This is a great and very precious heritage; doubly precious in a world that has lost much of the security it previously possessed. This inheritance can be maintained and fostered by ourselves, and passed on to succeeding generations, only by a determined effort on the part of all to work together for the good of the whole. Never imagine that to the over-populated countries and undernourished peoples of other continents, the countless attractions and the limitless possibilities of Canada are unknown; or that, in some world holocaust, our country would escape "the terror by night" or "the arrow that flieth by day". Vigilance, in Canada, as elsewhere, throughout the world, is the price of our security.

There is another factor as essential to the peace, progress and prosperity of our country, as security against the dangers which threaten from without; it is the preservation of unity within. It is not possible for us to escape the unrest of our times; nor, where unrest is occasioned by the need for more in the way of opportunity and security for individual human lives, is it well that we should escape it. It can be directed, however, into constructive, and away from destructive channels. That, as I see it, is likely to be the business of statesmanship in our country for some time.

Not to have a realization of the many strains and cleavages which are imperilling Canadian unity is to shut one's eyes to the problem of government in Canada today. This problem, however, can be met and solved, like all other problems, through understanding, on the part of the provinces, of the vast burdens and considerations of which the Do-

minion has to take account; and understanding, on the part of the Dominion, of difficulties and perplexities, scarcely less harassing with which the provinces are faced.

When Sir Wilfrid Laurier held the office of Prime Minister of Canada, he used frequently to say that Canada was not an easy country to govern; that there were many differences which, allowed to develop, would beget antagonisms which it would be next to impossible to heal, differences of race, of religion, of economic and social interests; that the real task of government was to harmonize, not to accentuate, differences; that national unity was the goal towards which all should strive. Sir John A. Macdonald and Sir Robert Borden were not less zealous and active in their efforts to prevent differences developing into cleavages, and in maintaining the unity of Confederation. In this service to the State, they found the highest expression of a true patriotism.

The lives of these three great men bridge the seventy years within which Canada, as a country, has come to the full stature of nationhood which she enjoys today. The men of their day, in the provinces and at Ottawa, were equal to the great tasks by which all alike were confronted. They met them one by one, sooner or later, in a spirit of moderation and toleration; where necessary, forgiving and forgetting the past, and looking always to the future. We shall meet our problems in a like way; and we, also, shall succeed.

National Unity is not a static thing; it evolves as Canada herself has evolved; it ever grows not merely wider, but deeper, sinking its roots still more firmly and permanently into receptive and fruitful soil. The essence of all statesmanship, as of civilized living itself, is the capacity for compromise and conciliation. So long as we cherish and cultivate in our minds and in our hearts the ideal of a free nation of free people, the ideal of equal opportunity and just laws, the virtues of understanding, of sympathy and of co-operation, national unity will be a reality and not merely a goal.

Almost as I began, so I can best close, with those noble and prophetic words of Laurier "Canada *is* a nation; Canada *is* free, and freedom is its nationality."

The Preparation for Professional Nursing

NETTIE FIDLER

I am assuming that the word "professional" is used here in its broadest sense, to include all nursing which is practised habitually as a person's work in life. This practice takes a number of increasingly distinct forms, if then we discuss today several types of nursing, and the possibility that they require different forms of preparation, let us remember that we are not suggesting or theoretically deciding that there should be more than one type of nurse, but that we are recognizing something that already exists, and are trying to see whether our present education is an adequate preparation for the diversity of service that nurses are attempting to give in the community.

The fundamental thing on which professional education is based must be the need in the community. This need is not abstractly conceived by the school. It should be defined by those who use the services of the profession, as well as by the profession itself. The Canadian Nurses Association is now surveying the country to determine its nursing needs. This is the essential basis for a plan of nursing education. In all this, it is important to remember that

we are studying a Canadian problem, and that we need to find a Canadian solution. There are, of course, many things which are common to nursing everywhere, and we have had much help from others, particularly from Britain and the United States, but there are also many things which are peculiar to our own situation, which plans made for other situations will not meet. Hence the necessity for this survey of our particular nursing needs. As nursing becomes increasingly socialized, the public will presumably have direct representation in policy-deciding bodies, and will also be increasingly informed on health matters, so that its ideas on what it can reasonably expect will be clearer. Official agencies, health or hospital, should tell the schools the problems of their field, the kind and numbers of workers they need, and should have definite and high standards for employment, which the schools must be able to meet or surpass. The organized profession should also set up and promote desirable standards of service and of education.

The methods by which these standards are to be met are one part of the educational problem, and their formulation is the work of the schools. The purpose of the school is not only to meet the community need, but also to meet the need of the student for full development as an individual and a citizen as well as a professional worker. This is the field of nursing service for which the schools are specialized, and they must be free to determine their own methods, and to make the plans and arrange the situations in which their students can develop. Otherwise there is little use in defining community needs or setting up standards.

In other words, we are back at the old problem of the dependence of the nursing school on the hospital and the use of the student nurse for hospital service. You will say that we have been over this ground many times, at many biennial meetings. This is all too true. We have. But what has been done about it? And it remains the crux of our problem. So let us look once more at this matter of the administration of nursing schools, and let us look also at the administration of other professional schools.

We could select any one of many professions, but medicine naturally suggests itself to us. What is the relation of the medical school to the hospital, and what are their respective roles in regard to the medical student? The medical school arranges the curriculum, provides and pays for all instruction, and controls the arrangement of the student's time; that is, it decides on the relative proportions of theory and practice in the student's curriculum. There is an agreement with the hospital or hospitals by which the student is allowed to practice on the wards. There is no obligation to provide medical service; there is a medical staff to do that if there were no students. The student is allowed to practice, under the supervision of this staff, to the extent that the school feels is necessary to his education.

Why should not the nursing school sustain this same relation to its practice field? Or, rather, to its hospital practice field, because the relationship is much more satisfactory in the public health field. Is our problem really so different to everyone else's, basically? Undoubtedly there are differences. For instance, we may always want a larger proportion of practice and we may not, but this has nothing to do with the fundamental question of the control of the student's time for educational purposes.

No, the cause of our present unsatisfactory state of affairs is not the nature of the profession; the cause is economic. The nursing school, in almost all instances, has been created as a money-saving device, whereas a good school

must in its nature cost money. The schools of all other professions are a matter of public concern, but nearly all nursing schools are private schools, owned and administered by hospital boards. The governing body of the school is the hospital board, but even if this board should contain educators, it usually has no direct contact with the school authorities. Very seldom is there a sub-committee of the board, or a separate committee, which has direct responsibility for the school, even in an advisory capacity. The purposes of the hospital and the school are not differentiated, and for all practical purposes the school is simply part of the nursing service. The school does not have a separate budget, and does not know in any given year what its income will be. In fact, it does not know what it costs.

The sources of income for any schools are: subsidy from some source (such as the state, a university, a hospital board), endowments, and fees. In nursing schools there are usually no fees from students nor could they be justified under present circumstances. It is assumed that the cost of their maintenance and education is balanced by the value of their service in the wards. Of neither is the value exactly known, but there is probably general agreement that the student pays in full for the education received. There is no subsidy from the state, and there is only one endowed school in Canada. It is surely obvious that with such complete economic dependence, there can be no educational independence.

In the last two years, the Canadian Nurses Association has received from the Federal Government a grant to assist in nursing education, and is to receive a larger grant in the coming year. This has been a war-time measure, but we nevertheless hope that it marks the beginning of state responsibility for nursing education.

Stemming from the economic question, there are other serious problems in nursing schools. In nearly all cases, the head of the school and of the nursing service is the same individual, but she is not recognized as holding two distinct positions. In neither field has she authority commensurate with her large responsibilities. Her appointment is chiefly based on considerations of her direction of the nursing service. Indeed, in many cases, interest in or knowledge of education is considered a negative qualification, as it is feared that this will detract from the efficiency of the service. Thus persons with little knowledge of general education play a "lone hand" in planning and carrying out educational programs almost without advice or guidance, and responsible to no one except for seeing that their educational activities do not obtrude themselves unduly on the business of the hospital. An appreciation of her responsibility to patients and the ability to co-operate in a very complex undertaking are obvious necessities in such a person as the director of nursing. Yet an equal appreciation of her responsibility to nursing and to her students should not be too airily dismissed as "personality difficulties" by executives who are not particularly well qualified in education, nor, one might add, in psychology. Directors of nursing schools who see the problem are without funds and without educational advice; and as in most cases they are denied contact with the board which owns the school and theoretically directs its policy, they are able to make very little progress in meeting the demands of the situation. Attempts at improvement have been made both within the hospital schools, and in the way of new forms of schools. In the hospital schools, the effort has been chiefly to increase the number of nursing instructors and to improve the methods of teaching. Real advances have been made along these lines, but definite limits to such advance are set by the

administrative conditions. A very few schools have begun to have advisory committees to assist in formulating policy and in making the needs of the school known. Our difficulty in getting the improvements we need in our schools are due to, first, the lack of any central standard which is accepted as authoritative; second, lack of financial support; and third, lack of capable and well-qualified leaders. The paramount need of the moment seems to be more directors with vision and courage and the ability to combine their forces.

What do we conceive to be, in very general outline, the form which nursing education in our country is likely to take in the immediate future? First, let me repeat that within the whole ill-defined field of nursing, three groups have been differentiated and are at work, and let us, for the purposes of discussion, call these the assistant group, the clinical group, and the teaching group. By the assistant group we shall mean those workers now variously known as "subsidiary workers", "practical nurses", "nursing aides", "nursing attendants", and working either in the hospital or the home as assistants to the other two groups. By the clinical group, we mean the highly-skilled group who are rendering direct nursing care to patients in hospital or home; and by the teaching group, those whose chief work is teaching and the administration of teaching, either to the public or to nurses. Obviously these terms are not wholly satisfactory or final, but they will perhaps serve for purposes of classification at present.

The assistant group should be recognized as junior members of the total nursing force. They should be licensed by government act, as a protection to the public and to themselves; their preparation should be part of the total program of nursing education. The scope of their duties should be carefully defined by the profession, in terms of principles rather than of exact details; they should work always under the supervision of the more highly-trained groups. They should be selected carefully, with emphasis on character and healthy personality. The schools for these workers could be conducted in hospitals at present with or without nursing schools, but perhaps most economically and efficiently as central schools either under a department of health or a group of hospitals. Their syllabus would be a simple one, stressing largely desirable attitudes and simple skills. Such outlines have been prepared by committees of the Canadian Nurses Association and some of the provincial associations. Their length of training should be approximately six months to a year. In a profession which must always have a wide range of duties, from very simple to very complex, and very large numbers of workers, there can be no doubt that this worker is possible and necessary. Educationally, the problem is a very simple one. They exist, and they are at work, but in most cases, untrained and unsupervised. Nothing in the whole nursing situation is more amazing than the fact that after years of shortage and inadequate service, climaxed by five years of wartime difficulties, no definite and determined attack on this problem has been made, nor any solution achieved. What is it that we are afraid of?

The clinical group corresponds rather closely to the group already being produced by the hospital school of nursing, and it is their problem primarily with which we dealt in our preceding discussion of the schools. Our objective here is a highly-skilled bedside worker, but one who is also familiar with the general problems of a complete health service. It is doubtful if the Universities could produce the necessary numbers of these, nor is it necessary perhaps that they should. Under a well-unified and properly administered system of nursing

education, hospital schools, fewer certainly in number than now, might well train this worker; provided that the thing which we call "the public health viewpoint" and sufficient experience in homes, is included in the curriculum. It will be noted that this is essentially the present recognized training for nursing, which is a training for bedside nursing, in fact, almost entirely for hospital bedside nursing. One difference which might be considered, however, is in the length of the training. There is an assumption that three years is the one desirable and correct period for a nurse's training. I think we should consider carefully whether this might not be cut to two years, *if* the school has administrative and financial independence. Those of us who have been concerned in the last two years with the training of nursing aides have certainly been given cause to think when we have seen what can be achieved, with strong motivation, in eighty hours of combined theory and practice. Also, we know that where under stress of very acute service problems, an exasperated board has brought pressure to bear, it has been found possible to greatly shorten the training in certain schools. We shall be told that this was a wartime measure, but some of these wartime wedges will not be easily removed when hostilities cease. After all, the question would seem to be, are these nurses safe when they are offered to the public? And if they are, how shall we explain lengthening the period again? We cannot go into details of time allotment today, but we may note that in two years it would appear possible to give the generally accepted necessary lengths of experience in some highly essential branches which are at present usually omitted, in part or in whole:

Preliminary term, 3 months
Medicine, 5 months (including diet kitchen)
Surgery, 4 months (including gynaecology and operating room)
Mental hygiene and psychiatry, 3 months
Obstetrics and pediatrics, 5 months
Public health and community nursing, 1 month
Communicable disease (tuberculosis), 1 month

There should be associated with all of these, mental health aspects, social and general health, nutritional aspects, and night duty. This makes a total of 22 months, leaving the two months for vacation which are also necessary.

Coming now to the type of nurse which we have called the teaching group. In making suggestions for the education of this group, we are accepting the assumption that public health nurses should be qualified bedside nurses, and we are adding to this the assumption that all teachers of nursing should be qualified public health nurses. The suggestion, therefore, is for one basic training, to which post-graduate work in either field may be added. This course should probably be four years in length, and it should be given in a university school of nursing, both because it can utilize many of the courses given in the university, and also because it must from the very beginning be on a fully professional level, academically and otherwise. In such a course it will be possible to give not only the greatly strengthened foundation in the basic sciences, and the subject matter in public health, mental hygiene, nutrition, and sociology which the new fields of nursing require, but also some other arts courses such as English and History. At the conclusion of this course the student will be qualified for general staff nursing in either the hospital or the public health field, and will have some practice in either field, or preferably in both, before going on to teaching or administrative work in either one.

With such a background of training and experience, some nurses will wish

to go on to what could really be post-graduate work, rather than to post-hospital courses, most of which have really been attempts to remedy deficiencies from the past. For the public health nurse, this would presumably be further study in a particular field of public health, or in public health administration. For the nurse in hospital and nursing school work, it would be specialization in one of the clinical fields, or a study of nursing education and administration. In either case we should have a solid foundation on which to build, and the nurse would have the required qualifications for graduate work in a university.

May I now summarize a few of these points, and indicate the united C.N.A. action which might be taken in respect of them. The suggestion has been that there are several pressing problems in connection with nursing. The first of these is the need for an accurate factual knowledge of the nursing requirements of the country; the second, the probability that this will reveal the need for varied types of nursing service, and of preparation for them. It has been suggested that there is some evidence that these types tend to fall into three groups, which we have called the assistant, the clinical and the teaching groups. The third problem is the need for educational (which means financial) independence of the nursing schools, if they are to meet the educational needs of nursing.

These are opinions which have been advanced merely as a preliminary approach to a really definite and inclusive attack on the problem of education; what we want now is a real study of the situation by a C.N.A. group which will result in definite principles and standards. The questions which suggest themselves for immediate study are: The principle of the independent school as an educational method. The extent to which the university nursing school (whether independent or not) can meet Canada's need. The place of government subsidy in nursing education. The channel of administration of such subsidy were it available.

The details of administration would of course vary in all the provinces, due to the varied forms of nursing organization they already have; but there would have to be some central source of subsidy and principle of administration.

As part of this study, I should like to see an experiment which seems long overdue. Can we not see that one hospital school, or preferably three or four across Canada, are given an opportunity to demonstrate the principle of the independent school. It is sometimes assumed that an independent school must be a university school. We do not know that this is so, but we want to know whether it is or whether it is not; and we can only find out by experiment. One would hope that in a very short time indeed, at least a large hospital school (but not the very largest) and a smaller school (but not the smallest) should be subsidized to attempt an existence independent of responsibility for carrying a nursing service, and in conformity with well-defined standards for a real nursing school.

Editor's Note: This very stimulating address is shortly to be made available in mimeographed form for more detailed study by nurses throughout Canada.

Preview

With the public heavily barraged by advertising, plus the stress on keeping fit, what are the facts as to the claims for vitamin pills, capsules and concentrates? Dr. Lawrence E. Ranta has prepared some authoritative information in an article entitled "The Value of Vitamin Concentrates".

Reviving International Relationships

ANNA SCHWARZENBERG

It gives me great pleasure to bring to this meeting the greetings of the president of the International Council of Nurses, Miss Effie Taylor. Just before leaving I received a note from her with the following message: "Remember me to all my friends in Canada and sing God Save The King for me."

It is a privilege to be at this meeting, and I fully appreciate having this opportunity to speak to so large a national group of nurses, members of the International Council of Nurses.

I consider this an unique opportunity to express some of my ideas on the development of the I.C.N. in the future. I hope you all understand that at this time it is impossible to know what our entire board feels about the future and that therefore I am expressing my own views rather than transmitting the result of group thinking. I should, however, like to add that every phase of my work is carried out in full accord with our International President.

Reviving International Relationships:

How can this be achieved in times of war and international strife? It is obvious that international communications are very limited, and in many instances even prohibited. My conception of reviving international relations is not the actual realization of international communications, but at this point it is rather an *individual* preparation for the future. It is the reorientation of each and every one of us from war-thinking to peace-thinking, from destruction to construction, in short from hatred to tolerance.

The aims of the International Council of Nurses are:

1. To improve our work in the service of the sick.
2. To promote the health of the nations.
3. To secure the honour and the interests of the nursing profession.

Let us stop for a moment to think of these aims. The one considered first: To improve our work in the *service* of the sick.

Service is the term chosen—to improve our work to serve. Do we always think of it in these terms? How is this attitude to be achieved? There is one answer only—through *education*.

Our second aim is the promotion of the health of the nations. We continue from the curative "service to the sick" to the preventive aspect of nursing "promotion of health", and promotion of health on a world-wide scale from an international point of view: "The Nations." How are we prepared to meet this need? I believe that after this war, nursing will have to be made available in its curative and preventive implication to *all* members of *all* nations. I want to use a very controversial term and call the answer to this problem *socialized nursing*.

The third aim is "to secure the honour and the interests of the nursing profession." The honour or the ethics of nursing are placed first and rightly so, let me however change the places of "honour and interest," so as to be able to end with the highest aim calling the answer to interests of the profession *social security*, and that of honour *spirit of nursing*.

I want to say a few words on the responsibility of leadership. The U.S.A. and Canada have, in the sphere of nursing, an opportunity to become the leaders of our profession throughout the world. Do they recognize it, and do they want to accept the challenge and responsibility? The I. C. N. in promoting a program the magnitude of which I

am trying to give you a glimpse, needs support. It needs the support of national associations, it needs the understanding and vision of the leaders of national groups. The I.C.N. stands at the cross-roads with our entire profession; do we want to build up the future ourselves, or do we want others to make decisions for us and thus imperil our entire profession?

I feel very humble speaking as I do today, but I feel that all our meetings, conferences and conventions are futile, if we are not mercilessly critical in recognizing our short-comings.

We must realize, that unless we can make a constructive program and with all our energy strive for the realization of this program the I.C.N. has forfeited its right to existence. It is my privilege to present to this meeting a short outline of such a program. As I have shown before, the aims of the I.C.N. encompass all possibilities, they only need interpretation. Education, Socialized Nursing, Social Security, and Ethics or Spirit of Nursing are the headings for the entire program.

Education:

As I see the future of nursing education I want to make two distinctions, education for the reconstruction period and education for established peace. It is paramount that something be done to prepare nurses for reconstruction work. We have seen after the last war what well-meaning but unprepared workers can do, how detrimental their kind ministrations can be and how they defeat their own ends. After this war the problems will be infinitely more complex. We allow young women to be sent into situations they are in no way prepared to handle. It is unfair to them and to those they are supposed to help. A nurse's training, even years of experience are not enough; every nurse whether she is with the Armed Forces or a relief organization should have special knowledge in history, geography, various religions, cultural backgrounds, customs and above all languages. Many of us recognize this, but nobody has done anything about it except to give sketchy courses here and there. The time has come when well-planned courses should be made available and every nurse going overseas should be compelled to take them. I believe the I.C.N. should be the instigator and advisor on such a plan.

For peace-time I see a much more unified basic program of training throughout the world. Schools of nursing run on the same principles, giving the same education, should be given international recognition. I can see in the future, graduates of these schools being members of an International Register and being recognized throughout the world without having to go through the ordeal and humiliation of begging for registration from country to country, state to state or province to province.

Post-graduate education on an international basis is realizable through the Florence Nightingale Foundation. However, this foundation will have to open its doors wide to let in new ideas, it will have to consider the needs of all nations and without hampering traditions set its sails to a new wind.

I hope you realize the limitation of time does not permit me to delve deeply into these vast subjects, each one of which could easily be the topic of a separate speech. To come to the point of socialized nursing, I apologize for the term, but I cannot think of any better one. In my mind the *right* to nursing in sickness or in health is the birthright of any human being. We have neglected this in a distressing way. After this war it is inadmissible that any human being of whatever nation, from king to beggar, should be excluded from a nursing plan. In the Atlantic Charter it is stated that every human being must be free of need; which means he is entitled

to sufficient food and clothing. In my estimation he is also entitled to be nursed. If we orient our thinking to nursing of the entire community in sickness and health we include everybody, we make this service available to every member of the community. This plan will, of course, absorb many nurses; thus we will be able to utilize the great number of nurses now in training because of the war emergency. Many will object because of the financial difficulty of this plan. It will be expensive but why is it possible to raise unheard of sums for destruction? Why for once can we not pay taxes for construction and preservation of health?

I believe I have said enough on this very controversial subject, again I feel the I.C.N. has a definite responsibility and with our worldwide experience we could help work out plans adaptable to the individual needs of the different countries.

Social security is in our modern world a recognized need. The human being relieved of the uncertainty of the future is much better equipped to attend to his work efficiently. Nurses are the same as other human beings. Nurses must have the security that guarantees they will be taken care of when sick, that will insure against unemployment and they must know that once they retire they will be without financial worries. Sickness, unemployment and old age insurance must be a matter of course for nurses. The national associations, and with them the I.C.N., cannot stand aloof from these vital questions. If we do not work towards them, help to develop plans, be able to give advice, others will do it, and the nurses, disappointed, will turn away from us and seek help and advice where we do not want them to go. It is our duty also to occupy ourselves with working hours, working conditions and salaries. You might say, these questions cannot be solved on an international basis as conditions vary so much from country to country. I do not believe this is right, labour laws can be very much the same in most countries and salaries do not have to be expressed in dollars and cents, but can be expressed in comparative terms. For example: The salary of a head nurse should be as high as that of a school teacher with certain qualifications etc. I want to repeat that even if the I.C.N. will get into difficulties it should take up these questions. Unless we become of tangible use to nurses we will not survive. A plan for the returning nurses from the Armed Forces should be ready now. The I.C.N. should have a suggested plan ready to be given to member associations. We have, I am ashamed to confess, not even started to think about it. The repeated excuse is, these are problems to be solved nationally. The I.C.N. is in a position to get information from various countries, and also to interpret this information and thus evolve a program that could be of use to all.

The Spirit or Ethics of Nursing:

The term nursing ethics, has been sneered at, and in some instances it was replaced by the insignificant term of professional adjustments. To me this is very indicative. With this new name the *Spirit* has left nursing. Our profession like the human body cannot live without soul, without spirit. Why have we turned away from the most beautiful aspect of our profession and thus are trying to destroy it? Nursing education is necessary, essential. I hope you have seen that I am persuaded of that. Good living conditions, social security, etc. are vital. I believe I have shown this to a point where some might call me a revolutionist; but the spirit of nursing is indispensable. By saying so, I know that others will call me a reactionist. I would be proud of both terms. I maintain that unless we go back and learn the humble *spirit* of service which has been the spirit of nursing the Grey Sis-

ters brought to this Province of Manitoba a hundred years ago, unless we consider the ministering to the sick our highest privilege, unless we foster a spirit of self-denial and bring back to our schools the spirit, the ethics of nursing, our profession is doomed.

I implore you to think over the points raised, and help to support the plans of the I.C.N. that our profession may live to better serve humanity.

Editor's Note: This address was broadcast over a nationwide hook-up by the C.B.C.

Report of the Honourary Secretary

Two years slide by very quickly and it does not seem long since we met in the interesting city of Montreal. However, in the past two years many changes have taken place in world affairs, and much business has been transacted by the Canadian Nurses Association. Although many of the activities of the Association centred around the development of plans to alleviate the shortage of nursing personnel due to the exigencies of war, our executive has done a great deal to promote the welfare of nurses and advance the profession of nursing. Mindful of the many changes in the period of reconstruction, the Association has been alert to developments in order to make sure that nursing resources are fully utilized and that the Canadian people receive the best possible nursing service.

Executive meetings: During the biennium seven executive meetings were held in Montreal. In addition, three special emergency meetings were called to consider urgent problems. Two of these were held in Montreal and one in Toronto. The executive meetings during the past two years were so important and such vital problems were discussed that it was felt necessary to have as full a representation present as possible. As a result there was an average attendance of sixteen executive members at each meeting, as well as other representative nurses who were available. At two of the meetings every province was represented, and at two others every province but one. Executive meetings were packed full of business, often with the session extending far into the night. The general feeling prevailed that the business under consideration was so vital to the members of the nursing profession that it was extremely important to have each province represented in order that Provincial Associations might be kept well informed.

Important business and matters of interest: It is difficult to choose important matters for mention here, since there were so many vital questions in the past two years. However, I should like to mention a few big jobs undertaken and important decisions made. A far-reaching and comprehensive undertaking was the Survey of Nursing done under the auspices of the Canadian Medical Procurement and Assignment Board which was completed and published in June 1943. Those of you who have read this informative document will realize the enormity of the task, and the care and thoughtful work that went into the collecting and compiling of the data. The work was done almost entirely by Miss Ellis who spent many tedious hours assembling the data from the questionnaires. We are proud of this document for it is a reference which gives the status of the whole nursing profession in Canada in 1943. Our thanks and sincere appreciation go to Miss Ellis for undertaking and seeing this immense project through to completion.

Another big achievement has been the administration of the Government Grant which amounted to $250,000 in 1942-43. Many special meetings of the Government Grant Committee were held under the chairmanship of our president, Miss Lindeburgh, and the allocation of the grant carefully studied in the light of the needs of the nursing profession throughout Canada. Very fine work has been

done by the two conveners of the Bursary Award Committee, Miss Fanny Munroe and Mrs. S. R. Townsend. The bookkeeeping for the administration of this grant has increased tremendously the work in National Office.

One of the serious problems discussed during the biennium was our relationship with the Canadian Medical Procurement and Assignment Board and with National Selective Service. After much careful study and discussion, it was agreed that, for the present, we set up a committee of three members to be the liaison with both the Medical Procurement and Assignment Board and with National Selective Service. Our contacts with Mrs. Rex Eaton, associate director of National Selective Service, have been most friendly and helpful, and Mrs. Eaton has congratulated the C.N.A. "upon the highly commendable efforts they have made to foresee and to meet the effects of the war upon their profession."

The problem of training subsidiary workers and establishing their status has taken a good deal of thought and time. Since there is at present no legislation controlling the training and licensing of these workers, it was deemed advisable for the time being to withold encouragement to the Provincial Associations in undertaking the training of subsidiary workers. Another important question which received serious consideration is the affiliation of nurses with Trades Unions. A committee on Labour Relations was set up to study this problem, and it is still studying the question.

The Canadian Nurses Association gave impetus to two important movements to increase nursing personnel during the biennium — one was the granting of temporary nursing permits by the Provincial Association to married and inactive nurses who were eligible for registration; the second was a plan to accelerate courses for student nurses so that they might graduate with an interim certificate at the end of thirty months.

Many honors have been bestowed upon Canadian nurses during the past two years. Aside from those honors which have been received by Canadian nurses overseas, Miss E. L. Smellie was promoted to the rank of Colonel and retired as Matron-in-Chief of the R.C.A.M.C. A distinguished honor came to our president, Miss Marion Lindeburgh, who received the Order of the British Empire.

This biennium has seen many changes in National Office. Miss Maisie Miller, who was the first assistant secretary to hold office, resigned at the end of February 1943, after eighteen months of service. Miss Jean Wilson who had been the Executive Secretary since the establishment of a National Office resigned September 30, 1943, after holding the position since February 1, 1923. Miss Wilson's twenty years of service carried the affairs of the Association through a period of tremendous growth and development. and her devoted and faithful service is much appreciated by all of us.

Miss Wilson's resignation came at a critical time in the affairs of the Association and Miss K. W. Ellis was prevailed upon to accept the directorship of National Office for one year. Miss Ellis's wide experience and insight into Canadian nursing affairs fitted her admirably for this important post. Since Miss Ellis agreed to remain in National Office for a period of only one year, and since there was much field work to do, it was felt necessary to reorganize the staff with future plans in mind. Miss Ellis became General Secretary with two assistants. Miss F. H. Walker came in to the office in September 1943 and Miss E. A. Electa MacLennan joined the staff in January 1944. The members of the executive have greatly appreciated Miss Ellis's fine work, her ability to see far-reaching implications, and her trans-Canada point of view. Miss Ellis returns to Saskatchewan in the fall and her departure is a severe loss to National Office. We tender our grateful thanks and sincere appreciation to our office personnel for their splendid service.

RAE CHITTICK
Honourary Secretary.

Preview

Though the hospital ward is one of the busiest places in the community, it has a vital role to play in the student's training. Miss Helen E. Penhale points out how this may be included in the planning in "The Ward's Contribution to the Education of the Student Nurse".

Report of the General Secretary of the C.N.A.

The past two years have been momentous ones in the history of the Association. So many and swift are the changes which have taken place, that one recalls with hesitation some of the events which already savour of past history. In September 1943, Miss Jean Wilson resigned as executive secretary of this association, a position which she had held for over twenty years and since the establishment of National Office. Time and space do not permit of any worthy reference being made in this report to all that Miss Wilson contributed to nursing during that period. This will be recorded in the History of Nursing in Canada as a permanent tribute to Miss Wilson's interest and long term of faithful service.

Early in 1943, Miss Maisie Miller, assistant secretary, resigned, so the months which have elapsed since the appointment of the present staff in National Office have been ones of orientation to new duties for all concerned. During them it has also been necessary to effect essential preparations for the general meeting. Lack of accommodation has proved a definite handicap and in the limited time it has been impossible to do more than visualize what may be accomplished in the future, if the growth evidenced in the association during the past twenty years continues. The membership of the Canadian Nurses Association has increased from 9,974 in 1934 to 21,431 recorded on December 31, 1943.

During the past biennium newly appointed registrars have taken office in a number of provinces and are already making valuable contributions. The staff in National Office has received much help from them and from those who have been in office for some time, and acknowledges with appreciation the ready co-operation given by all provinces. Without this support the national association could not function.

Reports of Sections, Standing and Special Committees form the main part of the war-time programme prepared for the general meeting. The picture they present is a comprehensive one. Some idea of the activities which have been undertaken by the C.N.A. during the past biennium may be envisaged by a study of the special committees appointed during the past two years and their functions. They are: The Government Grant Committee, with two active sub-committees, the Bursary Award Committee and the sub-committee to deal with all emergency matters in connection with the grant; the Committee on Subsidiary Nursing Groups, this committee is submitting a final report at this meeting; the Labour Relations Committee; a special committee to confer with the Canadian Hospital Council on problems affecting hospital nursing service. This committee functioned actively for a time, but has since been disbanded and a decision reached that problems relating to nursing standards and service should be referred to the national section concerned; the advisory committee to act as liaison with the Canadian Medical Procurement and Assignment Board and National Selective Service; the study committee regarding the personnel of the Dominion Health Council; a committee on Postwar Planning; a committee to prepare a Canadian Manual on the Essentials of Good Hospital Nursing Service.

The work of six of these new committees has been centralized in National Office, as well as that of the British

Civil Nursing Reserve, British Nurses Relief Fund, Florence Nightingale Memorial Committee (loans), and the Committee on Health Insurance and Nursing Service.

Activities of the following committees have been suspended during the past year, either because they have fulfilled their function or because their activities are being cared for in some other way: the National Joint Committee on Enrolment for War and Emergency Service; the committee on Hours of Duty for Nurses; the special committee appointed to approach the Canadian Hospital Council regarding problems affecting hospital nursing service; the National Voluntary War Services Advisory Committee.

At the outbreak of war the Canadian Nurses Association pledged itself to support two special objectives, namely, the war effort and the stabilization of nursing services. To these have now been added planning for the post-war period. All three of these objectives are of necessity interrelated and point towards better nursing service.

Support of War Effort:

Close contacts have been maintained with the Armed Forces and representation made from time to time on behalf of nurses has received most courteous consideration. An evident desire to strengthen co-operation between military and civilian nursing services is seen in the appointment of an advisory committee to the Matron-in-Chief. During her term of office as Matron-in-Chief, Miss Elizabeth Smellie maintained a very active interest in all that concerns the welfare of nurses. It is anticipated with appreciation that similar privileges will be enjoyed with her successor, Miss Dorothy MacRae.

The appointment of a committee in March 1944, to act as liaison with National Selective Service and with the Canadian Medical Procurement and Assignment Board, has been welcomed by representatives of both these bodies and should enable the Canadian Nurses Association to keep informed of both military and civilian needs.

Many activities directly associated with the war effort have continued throughout the past biennium. These are reflected in the work of special committees such as the British Civil Nursing Reserve and the British Nurses Relief Fund, also the committee appointed to obtain personnel for the Orthopedic Unit in Scotland. This association is very proud of the contributions being made by nurses serving overseas, not only in the three Armed Forces, but with the Orthopedic Unit in Scotland and with different units in South Africa. A very fine and deserving tribute paid to the latter appears in the June 1944 issue of the *Journal*.

During the past year nurses have been happy to welcome back to Canada colleagues repatriated from the Orient. Many of these nurses have suffered severely and lost all that they possessed. It has been the privilege of the C.N.A. to offer very timely assistance through the British Nurses Relief Fund which in a few instances has been accepted.

The Canadian Nurses Association sent a formal offer to Great Britain to accept students from overseas for training in Canadian schools, as the difficulties of carrying on organized teaching in Great Britain during the first years of the war were all too apparent. The offer was acknowledged with appreciaion, but to their great credit authorities in Great Britain stated that in spite of the magnitude of the difficulties which had to be overcome, schools of nursing in Great Britain were functioning effectively.

The teaching of first-aid and home nursing for the two national voluntary organizations is another way in which many nurses have made a personal contribution to the war effort, this in addition to carrying on full-time jobs on more than full-time duty. Other personal con-

tributions made by nurses are too many to enumerate.

The Stabilization of Nursing Services:

The Canadian Nurses Association pays tribute to those nurses who are serving on the home front, both in positions and by continued support to special directives during the present crisis. This is a source of satisfaction, but also offers a very definite challenge regarding the use which is made of this "freedom". In many instances, the response made by nurses has been magnificent, but great emphasis is placed on the responsibility of the individual. An appeal is now being made by National Selective Service, supported by the C.N.A., to each nurse to contribute some form of nursing service if at all possible, and to give this where she can serve most effectively.

Throughout the present crisis existing standards have been protected. Legislation effected in at least three provinces indicates that educational standards have been maintained or raised and yet enrolment in schools of nursing throughout Canada has been increased. A reduction in the entrance age requirement to 18 years has been made in most of the provinces. This is a modification which it is believed will not seriously affect standards in schools of nursing.

One of the first developments of major importance which followed the biennial meeting in 1942 was the grant of $115,000 made by the federal government to the Canadian Nurses Association. This was to be used for: (a) administration; (b) direct assistance to schools of nursing to provide for increased registration; (c) bursaries to enable graduate nurses to take postgraduate work; (d) direct assistance to schools and departments of nursing in universities and public health organizations in order to extend their teaching facilities.

In 1943, upon request, the grant was increased to $250,000. There is every reason to believe that a similar amount will be made available this year. In this grant is seen very definite recognition on the part of the government of the importance of nursing as a public service. Such recognition carries with it heavy responsibilities and obligations which have been undertaken most willingly by both national and provincial organizations, even though the expenditure of so much money is a novel experience to many of them. The administration of the grant has added considerably to the work in both national and provincial offices. It has necessitated the appointment of a bookkeeper in the former. Information regarding many developments made possible through the Government Grant will be the subjects of special reports later. Through the Youth Training Plan, Department of Labour, subsidies have also been made available to provinces to assist student nurses.

During the past biennium the Canadian Nurses Association has been called upon to co-operate with other health organizations on many occasions. The executive committee, C.N.A. has most wisely been alive to the desirability of doing this even when it required considerable time and effort and tangible results seemed far removed. The need for this co-operation has prompted the executive committee, C.N.A. to forward to this meeting a recommendation that any restrictions prohibiting the Canadian Nurses Association from affiliating with other organizations be removed.

The major projects in which the Canadian Nurses Association has participated include:

1. A meeting called by the Associate Director of National Selective Service in Ottawa in October, 1942 of representatives of the hospitals and nursing organizations to consider problems connected with the shortage of nurses and other staff in hospitals. This meeting was attended by both representatives of national and provincial organizations. Some of the recommendations arising out of

this conference have been used to advantage, such as: improvement in conditions of employment in hospitals; certain adjustments in provincial registration privileges to permit married and formerly inactive nurses to return to the profession with a minimum amount of difficulty; endorsation of the support of refresher courses and other projects already undertaken by the C.N.A.; the employment of the civilian worker to relieve the nurse in situations where this is felt to be desirable; the use of effective publicity.

2. The survey carried out by National Health Organizations under the auspices of the Canadian Medical Procurement and Assignment Board. It is regretted that until recently the results of this survey have had to be regarded as confidential. It is hoped that information obtained through the survey will serve as the basis for many other studies which may be carried on in the future and for other useful purposes in order to justify the interruption of the special emergency programme initiated in January 1942, which it has only been possible to renew at intervals since.

3. At very short notice, representatives of the C.N.A. were requested to appear before the special committee on Social Security in April, 1943. A delegation consisting of the president and members representing the different branches of nursing appeared before the committee and presented a brief on behalf of the Canadian Nurses Association. The delegation received a very gracious hearing. The findings are reported in the Minutes of Proceedings and Evidence, April 13, 1943, Bulletin No. 7. Other action taken by the Canadian Nurses Association in connection with Health Insurance and Nursing Service will be given in a report to be submitted.

4. A conference of National Health Organizations on Health Insurance held in Toronto in January 1943 under the auspices of the Canadian Medical Association. The report of the proceedings of this meeting have been printed and a number of copies made available to the provinces.

5. A two-day conference held in Ottawa in December, 1943 called by the Committee on Epidemics of the Canadian Medical Association. A report of this meeting and recommendations which resulted from it have been sent to the provinces. A conclusion was reached that the responsibility of planning to avoid or cope with an epidemic is largely a provincial one.

Visitors to the National Office of the Canadian Nurses Association during the past biennium have included: Miss Anna Schwarzenberg, the executive secretary of the International Council of Nurses; Miss Marie Johnson, assistant director of Nursing Bureau, Metropolitan Life Insurance Company, New York; Mrs. Rex Eaton, associate director, National Selective Service; Miss Grace Fairley, immediate past president of the C.N.A., and other welcome representatives of the provinces. Official and personal contacts have also been made with Miss M. Craig McGeachy, director, Welfare Division, and Miss Lillian Johnston, Senior Public Health Nursing Officer, of United Nations Relief and Rehabilitation Administration.

The return of Miss Anna Schwarzenberg to the office of the Executive Secretary of the International Council of Nurses was welcome news to nurses across Canada. This bespeaks the renewal of international professional activities which have been kept alive through the untiring efforts of the president and other officers of the I.C.N. during the inevitable isolation from other countries which has prevailed since 1939. In April the office of the I.C.N. was moved to New York. Twice during this year Miss Schwarzenberg has paid a welcome visit to Canada.

A report from National Office cannot be closed without reference being made to the retirement of Miss Ethel Johns, editor and business manager of *The Canadian Nurse*, who has held office for over eleven years. The work of the offices is very closely associated. The newly appointed staff in National Office is indebted to Miss Johns for her co-operation during their initiation. Miss Johns will be greatly missed. We welcome to office her successor, Miss Margaret Kerr.

During the past biennium, the Canadian Nurses Association has suffered the loss of a former past president and a most beloved member, Miss Mabel Hersey. Very recently word has been received of the death of another former past president, Mrs. Bryce Brown. The very sudden death of Miss Alice Ahern, who was actively identified with association activities, is also noted with deep regret. The Canadian Nurses Association records with sorrow the passing of four Canadian Nursing Sisters while on active duty: Nursing Sisters Agnes M. Wilkie, Ruth Louise Ashley, Frances Eunice Polgreen and Marion Westgote. Members of the association sympathize deeply with the relatives of these young nurses and share with them pride in the service which they so willingly rendered in answer to their country's call.

In presenting this report, it is the wish of the General Secretary to express appreciation to the president and immediate past president, to members of the executive committee, C.N.A., to her co-workers and to nurses in all parts of Canada for the support she has received from them during the years in which she has been identified with the work in National Office. Divided loyalties, with other responsibilities and the emergency nature of the work, have created complications at times and possibly detracted from contributions which might have been more comprehensive on a full time basis. However, it has been a great privilege to serve nursing nationally, even in a small way, at a time when the profession is being called upon to meet many and special responsibilities.

KATHLEEN W. ELLIS
General Secretary

REPORT OF THE PUBLICATIONS COMMITTEE

During the past two years monthly financial statements have been received from the editor by the members of the Publications Committee, and from time to time special reports on specific problems were forwarded for an expression of opinion. The paper shortage presented a major difficulty and the editor made several suggestions for the saving of space in the event of any serious cutting down of supplies.

The committee has been impressed by the excellent financial condition of the *Journal* and one has only to peruse the advertisements to realize the amount of work, business acumen and real effort entailed in securing such increased commercial advertising and support at a time when the business world is in a truly precarious condition. It is to the editor and business manager that all credit goes for the maintenance of a sound and stable financial record.

The report of the editor and business manager will reveal the details but the committee wishes to take this opportunity of recording its appreciation to Miss Johns for her untiring effort, especially during the years of depression and later of war. At no time since Miss Johns took over the editorship have national conditions been truly smooth sailing. The members are cognizant of this, and of the many obstacles she has surmounted on behalf of the Canadian Nurses Association during the eleven years she had held the important office of editor of *The Canadian Nurse*, the official organ of our association.

The publications committee would like to record its appreciation of the splendid editorship of Miss Ethel Johns and its regret that she has resigned. They hope that the C.N.A. members will see and enjoy Miss John's writings in the *Journal* and elsewhere and they wish her the greatest happiness.

To her successor we know that Miss Johns will hand on that sound advice which only one who has trodden the uphill road to success can give.

The appointment of an advisory committee to replace the present publications committee as recommended by the executive should go far in giving added support to the editor.

GRACE M. FAIRLEY
Chairman

Report of Emergency Nursing Adviser

The report of the Emergency Nursing Adviser, C.N.A., gives an account of the various wartime programmes initiated by the Canadian Nurses Association as carried out during the past biennium. New and impressive events which have taken place in rapid succession throughout this period have necessitated many adjustments in the plans formulated at the last general meeting. In June 1942, a number of recommendations were approved as part of the emergency programme to support the war effort and to assist in stabilizing nursing service during the present crisis. These may be briefly summarized as dealing with:

1. The preparation of an increased number of graduate nurses for administration, teaching, supervision and work in other specialized and professional fields. This recommendation included consideration of the extension and adjustment of existing opportunities for postgraduate work.

2. The recruitment of student personnel.

3. The centralization of teaching personnel and facilities, as far as feasible, in order to make maximum use of available teaching resources. This recommendation included suggestions regarding four types of centralized courses, namely: a centralized teaching or lecture course; a centralized teaching programme during the preliminary course; a course central to a province making use of the university as a teaching centre; a course which would be open to university graduates only, in which certain adjustments regarding time would be effected because of the students maturity and previous experience.

4. In-service or staff education to assist young nurses in making adjustments rapidly to meet rapid promotions so often necessitated under present conditions; also as a means of keeping all nurses informed of professional developments.

5. Plans for obtaining the maximum amount of legitimate assistance from (a) married and retired nurses; (b) subsidiary nursing groups, including V.A.D.'s.

6. An active publicity programme both for the recruitment of students and in order to keep the profession and public informed of needs related to nursing service and of the steps which are being taken to meet these and to protect the standards of this service and those rendering it.

Many of these recommendations have been made possible through the grant made by the federal government in July 1942 and again in 1943. The recommendations were formulated by the Canadian Nurses Association in consultation with the provincial associations, and while some assistance has been given to their implementation through national office, most of the projects have been realized on a provincial basis. Therefore, they appear in greater detail in the summarization of provincial activities given by Miss F. H. Walker. However, without danger of reiteration, some comments may be made.

During the past two years much has been done by universities, public health organizations and hospitals to make the recommended adjustments regarding postgraduate courses and special adaptations in field and clinical experience. Much could be written about the development of the courses and adaptations which have taken place during the past two years. This, with the award of bursaries, has resulted in an increase of approximately 39 per cent in the number of nurses enrolled for the one year course in 1943-44, as compared with those enrolled in 1939. In addition, many nurses have taken shorter clinical courses or attended summer school, refresher or extension courses.

An increase in student enrolment in schools of nursing from approximately 8,500 reported in 1939 to 11,300 in 1944 indicates that the recruitment of student nurses is being maintained, in spite of other attractions for young wo-

men, and this without any appreciable reduction in entrance requirements. With the exception of the minimum age requirement which has been reduced to 18 years in a number of provinces, as a war measure, standards have been consistently maintained and even raised in some provinces in which new legislation has been enacted. Such a statement is felt to strengthen the appeal being made to young women to consider nursing as a career.

Some forms of the centralized teaching programmes have been tried out in a number of provinces and in two leading schools an acceleration in the teaching programme has been effected.

The travelling instructor has been one answer to the problem of in-service or staff education so essential under present conditions, although the rapid turnover in staff and pressure of work in hospitals makes staff education a visionary aim in many instances.

Great tribute is paid to the contributions which are being made by married and retired nurses and to their enthusiastic support, both in answering calls to duty and in attending refresher and other special courses arranged for their benefit.

In nearly all centres wide use is being made of subsidiary nursing groups and volunteer workers. In 1942, a special committee was appointed to make a study of the preparation and control of the former and has submitted recommendations approved by the C.N.A. for guidance in the provinces.

A national publicity programme was initiated in July 1942. This was carried on for six months under the direction of a national publicity counsel and the emergency nursing adviser. The programme took the form of press releases, radio talks, and visual aids and was planned in close collaboration with the registered nurses association in each province, whose co-operation and assistance was of the greatest value. The national programme included news releases; magazine articles; three coast-to-coast broadcasts and local radio talks in many provinces; the preparation of a pamphlet "What Nursing Holds For You"; a speaker's manual; a newsreel clip which was shown in all motion-picture houses across Canada; blow-ups; a poster; and letters to special groups; also regular write-ups in *The Canadian Nurse*. In several provinces a nurses' week was very successfully inaugurated. Personal contacts have probably proved the most valuable form of recruitment. For a time the publicity programme on a national basis was reduced to news releases and radio health notes for which the C.N.A. is indebted to the Department of Pensions and National Health. It is now being revived under the direction of Miss Electa MacLennan.

Other major activities in which the C.N.A. has participated during the biennium include the survey of nursing, carried out under the auspices of the Canadian Medical Procurement and Assignment Board, and the national registration of nurses under National Selective Service. The former was effected by the Canadian Nurses Association in close co-operation with the provincial Registered Nurses Associations, the Canadian Hospital Council and other groups taking part in the national health survey. While the decision to effect the registration was made by National Selective Service it was done in close collaboration with the Canadian Nurses Association in order that the findings might be effectively related to the survey. Both these projects necessitated many visits to Ottawa and conferences with the authorities there; also a vast amount of work which had to be undertaken very rapidly. Its scope was definitely limited by lack of time and other facilities so essential to any comprehensive study. The cost of the survey was borne by the Canadian Medical Procurement and As-

signment Board. Until recently, all reports prepared as the result of the survey have been treated as confidential at the request of the government, hence the delay in releasing the information which it is hoped will serve more than the immediate purpose for which it was prepared. The findings have already been referred to on a number of occasions. Those related to public health nursing have already been used as the basis of an interesting study to be released by the Public Health Section.

Contacts have been consistently maintained with the heads of the nursing services in the Armed Forces and other governmental authorities during the past two years. These contacts have included conferences regarding regulations governing labour exit permits and others affecting nurse power in Canada, the expenditure of the government grant, the granting of subsidies to student nurses through the Youth Training Plan. The Canadian Nurses Association is very appreciative of the co-operation and support received from officials in Ottawa, especially Mrs. Rex Eaton, associate director of National Selective Service, Women's Division, who has evidenced a consistent desire to support organized nursing and to work through these recognized channels. Recently an advisory committee was appointed by the C.N.A. to maintain contacts with National Selective Service and with the Canadian Medical Procurement and Assignment Board. This committee has already met by invitation with the Deputy Minister of Labour and the Associate Director of National Selective Service to consider the present and impending problems related to the shortage of nurses.

A decision was reached at this meeting that, before resorting to directive control, it seems highly desirable to try all other possible means of meeting the demands for nursing service. The responses already made by nurses to special appeals which have gone out at various times during the present crisis were recognized with appreciation. Many appeals and valuable recommendations have emanated from the General Nursing Section.

It was agreed that in order to bring to the attention of every nurse the acute needs which exist at the present time, a publicity campaign for the recruitment of graduate nurses should be launched by National Selective Service assisted by the C.N.A. This is being made by press, radio and other means. Already a coast-to-coast broadcast has been heard in most provinces. Nurses will shortly receive personal letters, and in other ways an appeal will be made to all those who can do so to give full or part-time service, and when possible to see that this is made available where it is most needed.

Other ways in which the relief might be afforded, especially in hospitals and sanatoria, are being studied. To protect standards in future as well as to meet the present needs, is a challenge directed to every nurse. With the scarcity of physicians on the one side, and of subsidiary and domestic help on the other, the nurse is called upon to fill the ever-widening gap. In spite of the additional number of nurses in the field the situation has become most acute, especially in sanatoria, mental hospitals and rural areas. A number of recommendations made by a special committee of the Canadian Nurses Association to the Canadian Hospital Council have tended to relieve shortages where these have been adopted, and it is recommended that the registered nurses associations and provincial hospital associations work in close co-operation. In order to stimulate interest and keep provincial hospital associations informed of the activities being supported by the Canadian Nurses Association, complimentary copies of the *Journal* have been sent to them.

One of the most pleasant and fruitful items on the emergency programme has been the contacts made possible through

visits to provinces. Since the last biennial meeting, at least two visits have been paid to all provinces, with the exception of Prince Edward Island which was visited in 1942. It is greatly regretted that due to unavoidable circumstances, visits to the Maritimes have been more limited than the ones paid elsewhere in Canada. In the summer of 1942 individual visits were pooled in favour of attendance by the Adviser at the meeting of the Maritime Hospital Association; contacts have been maintained also through correspondence.

During the past year the National Adviser attended by special invitation the meetings of the hospital associations in British Columbia, Saskatchewan, Manitoba and Ontario. She also met with representative groups of nurses in these provinces and in Alberta, and was privileged to be present at the annual meetings of the Registered Nurses Association of Ontario and the Registered Nurses Association of the Province of Quebec and at the meeting of the College of Surgeons which was held in Montreal in March.

A separate report of the activities of the French-speaking associate to the national adviser is to be given by Mlle Juliette Trudel. It has been a great pleasure to be associated with Mlle Trudel and her predecessor, Mlle Suzanne Giroux, who acted as associate adviser until she went to serve ovserseas. It is felt that with the able assistance of Miss Frances Upton, Registrar, Registered Nurses Association of the Province of Quebec, a great deal has been accomplished to coordinate the program carried on in Quebec, which has been enthusiastically supported by both English and French speaking members.

As already stated the co-operation of provincial associations has been consistently maintained and their interest in new ventures, even during these exciting times, has been of the greatest assistance since the inauguration of the special programme in January 1942.

KATHLEEN W. ELLIS
Emergency Nursing Adviser
Canadian Nurses Association

Association Nationale des Gardes-Malades Rapport pour le Congrès de Winnipeg

Au nom des membres français de l'Association Nationale des Gardes-Malades, j'ai l'honneur de présenter le rapport des activités qui concernent le nursing d'urgence, pour la dernière période biennale. Afin de suivre les directives énoncées par Miss K. Ellis, lors du congrès de juin 1942, et pour faire suite au travail commencé par Mlle Suzanne Giroux nous avons dirigé nos efforts vers trois buts principaux:

(a) Publicité pour les éclos d'infirmières afin d'augmenter le nombre des élèves et attirer vers la profession des jeunes filles ayant la préparation scolaire et les qualités requises pour maintenir et améliorer les *standards* professionnels.

(b) Publicité pour les hôpitaux afin de rappeler au public sa responsabilité envers les malades et obtenir la co-opération et une sympathie efficaces de tous les groupes de la société susceptibles de nous aider de quelque façons que ce soit à solutionner les problèmes actuels.

(c) Organiser des cours de perfectionnement pour les jeunes et anciennes graduées afin de leur permettre d'occuper, avec compétence, des postes responsables dans quelque branche du "nursing". Encourager toutes les graduées qui ont quelque loisir, mariées ou non, à reprendre le service auprès des malades. Intensifier le travail des services bénévoles dans les hôpitaux.

Depuis septembre 1942 trois assemblées régulières de notre sous-comité ont été tenues à l'Hôpital Sainte-Justine et, au début de l'année 1943, cinq réunions spéciales

d'un sous-comité pour la traduction du dépliant "Votre Avenir dans le Nursing".

A titre de représentante canadienne française j'ai eu l'avantage d'assister à de nombreuses séances de différents sous-comités. Au mois d'octobre 1942 j'ai pris part aux délibérations qui ont eu lieu à Ottawa avec les représentantes du Service Sélectif National. A Montréal, jai été convoquée aux assemblées de l'association Nationale qui ont eu lieu au mois d'octobre 1942, en juin et novembre 1943 et mars 1944.

A la demande de Miss Lindeburgh j'ai accepté de représenter le groupe français au comité formé en novembre dernier pour l'étude des "Besoin d'après guerre' en ce qui concerne le *nursing*. A date cinq réunions de ce sous-comité ont eu lieu. Il est inutile d'insister sur l'importance qu'il y a, à l'heure actuelle, de prendre part aux travaux des différents comités si nous voulons suivre de près l'évolution professionnelle.

Pour commencer notre campagne de publicité, dans les journaux et revues des religieux spécialisés en orientation professionnelle, nous ont préparé des articles sur la profession d'infirmière. La distribution du dépliant "Votre Avenir dans le Nursing", si bien préparé par Miss Ellis, et des copies d'une étude du Révd. Père Henri Marie Guindon, S.M.M., intitulé "Une vocation éminemment féminine", a facilité notre entrée dans les meilleurs collèges de jeunes filles.

Avant la fin de l'année scolaire 1943, huit infirmières ont donné 23 conférences dans les couvents de la province. En 1944 quelques conférences ont été faites pour répondre aux invitations de quelques directrices d'études. Le contact établi avec les élèves finissantes de nos institutions doit être continué si nous voulons orienter d'autres jeunes filles des cours supérieurs vers nos écoles, et atteindre ainsi le but proposé: "un meilleur choix d'éleves".

Les remarquables photographies fournies par le comité de publicité ont été exposées à Montréal durant dix jours au mois de mai 1943, et depuis juillet dernier elles font un voyage à travers la province qui a déjà prouvé son efficacité: quatre villes importantes de la région de Rimouski ont fait gracieusement des expositions et depuis avril 1944 les principaux centres de la région du Lac Saint-Jean reçoivent à tour de rôle, par l'intermédiaire d'un voyageur de commerce, la visite de nos panneaux-réclame. Il nous semble important de compléter cette propagande dans les autres parties de la province durant la fin de l'année 1944.

Une émission radiophonique d'un quart d'heure a été faite à Montréal, au poste radio-Canada, le 8 décembre 1943 avec le précieux concours de Miss Ellis. Durant le mois d'avril 1944, sous le patronage de Mlle Lauretta Dumais, infirmière hygiéniste de Chicoutimi, des conférences et annonces pour les écoles d'infirmières, ont ét? radio-diffusées par le poste local. Les infirmières de l'endroit ont participé à la préparation de ces programmes, dûment approuvés par des autorités compétentes. Des articles intéressant la profession et du meilleur ton professionnel ont été publiés dans le journal, "Le Progrès du Saguenay".

Si les services du *nursing* sont encore dans une situation difficile, pour ne pas dire en souffrance, il nous est tout de même agréable d'affirmer que le nombre des élèves de nos écoles a été sensiblement augmenté (300 en 1943) tout en élevant le standard professionnel.

Depuis deux ans un nombre toujours plus considérable d'élèves et de graduées bénéficient de bourses d'études offertes par les gouvernements fédéral et provincial. Dans la province de Québec un travail remarquable a été fait sous les auspices de "L'Aide à la Jeunesse" pour aider les élèves gardes-malades et les jeunes filles qui ont besoin d'aide pécuniaire pour terminer leurs études supérieures. Le matériel requis pour l'enseignement a été amélioré dans toutes les écoles qui ont bénéficié du "don" du gouvernement fédéral durant les années 1942-43. Suivant les besoins les directrices se sont procurées les appareils les plus modernes pour démonstrations ou ont enrichi leur bibliothèque de livres précieux pour les élèves. L'impression d'un nouveau texte français et la traduction de quelques éditions anglaises concernant le *nursing* seront bientôt temrinées.

L'amélioration des conditions de travail dans les institutions hospitalières, pour les élèves et les graduées, a suivi la recommandation 7 du rapport de l'aviseur en *nursing* d'urgence, juin 1942. Nous pouvons être fières du véritable progrès accompli en ce sens depuis deux ans, et devons exprimer notre reconnaissance aux personnes qui se sont imposées de nouvelles responsabilités pour réaliser ce progrès.

A la demande des membres de notre section d'éducation un article a été préparé, pour les journaux et revues, afin de faire connaître au public les conditions d'admission dans nos écoles, d'après le texte de l'amende à la loi de l'Association des Gardes-Malades Enrégistrées de la Province de Québec, en date du 25 mai 1943. Tout ce travail fait bénévolement, dans l'intérêt de notre profession, des hôpitaux et des malades de notre société canadienne-française, portera j'en suis certaine la récompense du à l'effort généreux et désintéressé.

Je suis heureuse de remercier de nouveau les infirmières qui ont contribué de quelque façon que ce soit au succès de notre campagne de publicité, et j'invite cordialement à se joindre à nous celles qui ont des moments de loisir.

Est-il nécessaire d'ajouter que l'expression de ma reconnaissance s'adresse tout spécialement aux compagnes qui ont partagé mes responsabilités en acceptant de faire partie du sous-comité des aviseurs (groupe française). A Madame, la Présidente de l'Association Nationale, à Miss Ellis, à Miss Flanagan, à Miss Upton, les âmes dirigeantes qui nous ont donné tout d'appui et l'encouragement dont nous avions besoin pour atteindre l'objectif proposé.

JULIETTE TRUDEL

Summary of Important Development in the Provinces

FLORENCE H. WALKER

Perhaps during no preceding biennium have there been so many important nursing developments in the provinces as during the one just coming to a close. Without exception, provincial associations of registered nurses report increased activity, with ambitious plans for the biennium to come. Provincial offices are hives of industry and handle a surprising amount of business. By the uninitiated and those who do not take an active interest in nursing organization affairs their scope and their time-consuming nature is sometimes not understood. When a member of the Council of the Registered Nurses Association of British Columbia I remember mentioning to a hospital staff member the length of a recent Council meeting which had lasted from 3.30 p.m. to 11 p.m., with a brief adjournment for dinner. My remark was greeted with astonishment and my fellow nurse expressed considerable curiosity as to what business or discussion could possibly occupy so many hours. Those who have been directing the destinies of the provincial associations know that there is no dearth of problems to consider, nor of important decisions to make. Discussion may sometimes be unnecessarily lengthy, but on the other hand we are aware of the truth that free discussion is a democratic group way of arriving at a considered opinion. The record of the provincial associations during the past two years is on parade and shall speak for itself.

This is the first biennium that the Canadian Nurses Association has enjoyed the advantages and also felt the responsibility of a grant from the Federal Government. Given as a war measure for the purpose of stimulating recruitment of students and preparing more qualified personnel for hospitals and for public health organizations, it skips like a fairy godmother through the record of things accomplished, and is responsible for much of the increased activity reported by provincial associations. It has made possible worthwhile projects which could not otherwise have been undertaken. It has been of assistance to both provincial associations and the national association in meeting the emergency situation which the war has brought to our profession.

Because this grant was given for a specific purpose its expenditure has necessarily been made within certain limits which were calculated to achieve this purpose. There is, therefore, great similarity throughout the provinces in the projects undertaken with its assistance. The following items are to be found in the report of almost every provincial association: A publicity campaign for the recruitment of student nurses; assistance to hospitals, university schools of nursing and public health organizations to improve existing teaching facilities and add to teaching personnel, when necessary, in order to increase student enrolment; the development of more postgraduate courses; the sponsoring of short refresher courses, institutes, etc.

Every province has participated locally in the national publicity campaign to increase student nurse enrolment. The enrolment figures quoted by the National Adviser in her report indicate the success which has attended these efforts.

University schools of nursing in all provinces report an increased attendance, due in large part to the award of bursaries from Government Grant funds. The number of courses offered has been increased in some university schools. At least two university schools, McGill and Toronto, are now arranging postgraduate courses of varying duration in the clinical specialties, medical nursing, surgical nursing, etc. part of the student's time being spent at the university and part of it in a hospital providing the practical experience. These courses are proving to be both valuable and popular and may easily replace the similar courses which have been given in hospitals, since it is usually difficult for hospitals to provide the teaching personnel required for a truly postgraduate program.

In Manitoba a new School of Nursing Education has been established at the University of Manitoba. In September, 1943, eighteen graduate nurses enrolled for courses in administration, teaching and supervision, and public health nursing. Manitoba nurses feel that this new university school is already filling a long-felt need in the province.

Most provinces have not reported the total number of additional staff members which the grant has made available in hospitals and in public health organizations. Approved schools of nursing which are able to show an increase in student enrolment have been eligible for this assistance. The grant has met the salary costs of additional instructors, both classroom and clinical, and supervisors, where these were necessary. The appointment of travelling instructors has been reported from seven provinces. The activities undertaken by these versatile people have been legion. They have conducted publicity for student recruitment, assisted in the undergraduate teaching program, given practical assistance to graduate staff in the organization of head nurse and supervisory duties, organized staff education programs for general staff and staff nurses, conducted clinical postgraduate courses in numerous hospitals. In British Columbia the travelling instructor is prepared to conduct courses in Job Instruction as she travels about the province. Several provinces have paid high tribute to the valuable contribution being made by their travelling instructors. One province quotes the following comment received from a small hospital: "I do not know if this is to be a regular service, but if it is, it is one of the biggest steps that have been taken to bring small hospitals up-to-date and to bring expert advice and suggestions to a board".

Numerous types of short courses have been sponsored in the various provinces with the aid of the Government Grant. These have included: Refresher courses for the married and retired group of nurses who have responded so well to the call to return to active nursing, and who have been an important factor in relieving nurse shortages in both the hospital and public health fields. From

Saskatchewan it was reported in February of this year that 436 of these nurses had attended refresher courses and it was planned to give another course this spring. Refresher courses for hospital staff members and for public health nurses already in the field. Institutes in industrial hygiene. Courses of lectures in special subjects such as psychiatry.

Nurses in all provinces have benefitted by the award of bursaries. In the past biennium a total of 150 bursaries have been awarded from the Government Grant for university postgraduate courses which cover the full academic year. The nurses who have taken these courses have given a good account of themselves, according to reports obtained from the university schools of nursing where they have studied. Some of them are already in positions of responsibility, for which their courses have prepared them.

The needs of the Armed Forces have naturally made greater demands upon the medical and nursing professions than any others. It is right that their requirements should have priority and that any shortage which exists should be borne by the civilian population. The call to service with the Armed Forces, while not the only reason for the shortage of civilian nurses in all provinces, is certainly a very important one. Two years ago the Prince Edward Island Registered Nurses Association reported that 27% of its active membership was in one or other of the Services. That percentage is now 28.5%.

Every provincial association has made an honest effort, by the means already discussed, and any others at its disposal, to stabilize its service to the public and to provide that public with at least essential services. At the same time it has striven to maintain the standards of nursing education at their pre-war level. Throughout the country there has been much discussion regarding the use of subsidiary nursing groups to relieve the situation.

In some provinces other measures besides publicity have been taken to stimulate student recruitment. Alberta appointed a special committee which has brought basic entrance requirements as related to fees, uniforms and books to a more common basis. Some of its recommendations which are now in effect throughout the province were that entrance fees be eliminated, and a charge of $25 be made for books only, that uniforms be provided by hospitals and a monthly allowance be given to students.

Alberta, Quebec, Saskatchewan, Manitoba and British Columbia have also obtained, through their Provincial Governments, subsidies for needy students under the Dominion-Provincial Youth Training Plan. Already 18 students in Alberta, 166 students in Quebec, 16 students in Saskatchewan and a number in Manitoba and British Columbia have benefitted. In Quebec not only student nurses but high school students who are completing their education before entering schools of nursing, have received subsidies. This government assistance is another aid to recruitment.

In October, 1942, the executive committee of the Canadian Nurses Association approved the establishment of accelerated undergraduate courses where schools of nursing were equipped with the necessary teaching and supervisory facilities. One school in British Columbia has had this plan in operation since 1942 and reports very satisfactory results. An accelerated undergraduate course of thirty months has also been established in the School of Nursing, University of Toronto.

The recommendation of the Government Grant Committee of the Canadian Nurses Association, approved by the executive committee in November, 1943, that some senior students be made available for duty in the smaller schools, when these can supply adequate supervision and experience, has been initiated in one school in Saskatchewan. The Saskatchewan Registered Nurses Association has

a plan whereby this practice may be extended, and so relieve the acute nurse shortage which exists everywhere in the rural hospitals. So far, however, the necessity for long range planning of the curriculum and the need of these senior students to help carry the nursing load in their own hospitals, has prevented further support of the plan. No other province has reported any action taken on this recommendation of the Executive Committee.

During the past biennium the Committee on Instruction of the Hospital and School of Nursing Section has made a study of registration examinations. Some provinces have, however, already made some revision in their method of conducting these examinations. Manitoba introduced qualifying examinations at the end of the first year of training, in 1942, and some other provinces have the innovation under consideration. In Manitoba the so-called qualifying examinations, which are really part 1 of the registration examinations, are conducted by the University of Manitoba for the Manitoba Association of Registered Nurses. Students are examined in four subjects, and will not be examined in these subjects again. Their content will be incorporated in questions on the final registration papers. So far the percentage of failures has been conservative, 4.3% out of a total of 578 students. Manitoba feels that, although it is too soon to estimate fully the effects of the qualifying examinations, it is safe to say that they are gradually raising standards and bringing a greater degree of uniformity into nursing education in this province. Quebec expects to introduce qualifying examinations at the end of the first year of training, in the spring of 1945. These will comprise written papers and also practical and oral tests to be conducted at the home schools.

The economic situation which exists particularly in hospitals and which has always had adverse results for nursing staffs, still constitutes a pressing problem in most provinces. From reports received, there are definite signs of an upward trend in living and working conditions, hours and salaries. It is generally felt that the schedule of salaries which was approved by the executive committee Canadian Nurses Association, at its November, 1943, meeting has had a beneficial effect in the provinces. The majority of provinces report having formed joint committees with their provincial Hospital Associations and they hope by collaboration with them to make some headway in the solution of those thorny economic problems which it is beyond the power of the nursing group to solve alone.

The provinces, at least, during the past biennium, have had to deal with real local emergencies caused by the dissatisfaction of nurses with the conditions under which they were employed. In some provinces pressure is being brought to bear upon nurses to join labour unions and in a few instances individual nurses have done so. Requests for guidance have come to the Canadian Nurses Association from two provinces. At its meeting in November, 1943, the executive committee approved the principle of collective bargaining in cases of dissatisfaction with conditions of employment, and agreed that where this was necessary it should be conducted through the national and provincial nurses associations. According to the Industrial Acts which apply in various provinces this can happen only if the group of nurses involved choose their nurses association as the bargaining agent. British Columbia reports an active Labour Relations committee which has been meeting monthly. In the intervals between meetings members have attended meetings of other groups and have consulted experts on labour problems.

Among the institutions which have suffered most from the shortage of civilian nurses are tuberculosis sanatoria. At the same time insufficient opportunity has

been provided for student affiliation and postgraduate training in this specialty. In one important sanatorium in Quebec the nurse shortage has been somewhat relieved and postgraduate experience supplied by the development of a well conducted postgraduate program in tuberculosis nursing. In Ontario the provincial association has approached the Ontario Department of Health regarding the need for a survey of nursing services, as well as working and living conditions, for staff in sanatoria, as a basis for the promotion of more adequate nursing service. The question is being considered, but no definite plans have been made. In Manitoba a joint committee composed of representatives of the Manitoba Hospital Association and the Manitoba Association of Registered Nurses was formed recently to study the shortage of nurses in this field and the inadequate student nurse training in this clinical specialty. As a result a conference was held in Winnipeg in April of this year which was attended by representatives of health departments and agencies, sanatoria and schools of nursing, as well as the two associations which sponsored it. The outcome of this conference was that a committee was appointed to definitely study the desirability of expanding student nurse affiliation in the province and of employing B.C.G. vaccine in Manitoba schools of nursing. In British Columbia four schools are participating in a re-organized affiliation course in the Vancouver Unit of Tuberculosis Control. This course not only provides tuberculosis experience in hospital and clinic but, through the cooperation of the Metropolitan Health Service, each student has also one week of experience in the public health field.

For consideration also in this report are the more strictly association activities and developments, undertaken by and affecting the provincial associations as organized groups.

A much discussed project in this category is the provincial placement bureau. Provincial associations have been urged by the executive committee, Canadian Nurses Association, to take steps to provide placement service for their nurses, as an important means of stabilizing nursing service and of providing better community coverage now and in the postwar period. British Columbia has been the pioneer in the development of this service. At the general meeting in 1942 the Registered Nurses Association of British Columbia discussed plans which were then under consideration. Since that time these plans have undergone some revision and a provincial placement bureau was officially opened on April 1, 1943. At its annual meeting in 1942 the Registered Nurses Association of British Columbia approved the principle that it should be the responsibility of any District as a whole, and not just private duty nurses, to support the registry of the District, under whatever name it was called. That principle is basic in the organization of British Columbia's provincial placement bureau. Last year the provincial fees were raised from $2.00 to $5.00 per year for all registered nurses. Of this sum approximately $2.00 goes towards the support of the placement bureau. Private duty nurses do not pay any extra fee for registry service. One central office provides placement service on a provincial basis and the plans are to establish regional branches for local service where and when needed. A Vancouver regional branch was opened at the same time as the provincial bureau and occupies the same office. A Victoria regional branch was opened in August, 1943. Others will be opened as required.

In Nova Scotia a provincial placement bureau has recently been established. Headquarters are in the office of the provincial association which has moved to larger quarters in order to accommodate it. This bureau began to function on March 1 of the present year. In New Brunswick tentative plans

are being made for placement service and it is hoped to organize a bureau in the near future.

Ontario, under the guidance of its registry adviser, has done a comprehensive piece of work in the organization and re-organization of Community Nursing Rgeistrars conference was conducted by these in operation, sixteen of which have been organized since the biennial meeting of the Canadian Nurses Association in 1942. This year, following the annual meeting of the Registered Nurses Association of Ontario in London, a Registrars conference was conducted by the Registry Adviser, with twenty-five registrars and assistant registrars in attendance. This is thought to be the first time such a conference has been held in Canada. Those present found it most profitable and suggested extended time for future conferences.

Although other provinces have revised their by-laws during the past biennium, only two have had revised Acts put through their legislatures. These were Quebec and British Columbia. Many new clauses were introduced in the Quebec Act, which was passed in 1943. Most of them came into force at once. Two clauses, however, do not come into full effect until December 31, 1948. One of these requires approved schools of nursing to be connected with hospitals containing at least 100 beds with a daily average of 60 patients; the other requires a high school leaving certificate or matriculation standing for entrance to schools of nursing.

The Registered Nurses Association of British Columbia made two attempts before its Act was passed by the British Columbia Legislature in March of this year. There was much opposition in certain quarters to the clause requiring high school graduation with university entrance as a preliminary to acceptance for training. British Columbia nurses spared no effort to secure the passage of this act and deserve much credit for final success.

Both the Acts just mentioned make provision for the operation of the Associations concerned under a system of Districts and Chapters. In Quebec plans are laid and work has been begun on the creation of twelve district associations. British Columbia began the formation of Districts and Chapters in 1940. Five districts have now been organized and at least one other is in the offing. There are also a number of active chapters in unorganized districts. This province has followed the plan of first getting local chapters established and then having them unite to form district associations.

Saskatchewan revised its by-laws in 1943 to provide for the formation of Districts and Chapters and reports rapid progress in their development since that time. Three districts and four chapters have already been organized and two other districts are in the process of organization.

Seven provinces have now adopted the district type of organization. One province has mentioned the difficulty of maintaining adequate contact between the districts and the provincial association. No doubt British Columbia would recommend its practice of issuing news bulletins from the provincial office. These are mimeographed monthly and include any information which it is desired to have reach all members of the Association. Bulletins are sent to every chapter and also to isolated nurses, and have been highly successful in solving the problem of communication and in keeping provincial members informed of association activities and problems. Other provinces may have evolved some similar satisfactory plan.

Among other organization changes, Prince Edward Island has reported the formation of a Public Health Section, and reorganization of the provincial Hospital and School of Nursing and Gen-

eral Nursing Sections. A Public Health Section was also organized in Nova Scotia in the summer of 1943, and in New Brunswick early in this present year.

It would be possible to continue indefinitely this consideration of provincial associations activities during the past two years. Intentionally, no mention has been made of special committees such as those on Health Insurance and Post-war Planning, which have been functioning actively in most provinces. These are the subjects of special reports. If there are any important general items which have been omitted in this report, however, provincial pardon is requested. I dare to hope that nurses from all provinces have found this synopsis of nursing activities in other provinces, as well as their own, stimulating.

Report of Committee on Health Insurance and Nursing Service

The sudden death of Miss Alice Ahern, for four years convener of the national committee on Health Insurance and Nursing Service, C.N.A., has brought sadness to many nurses across Canada, but it is felt with deep personnal sorrow by the members of this committee. Miss Ahern gave unsparingly of her time and strength in furthering its work.

In presenting this report of the activities of the Committee on Health Insurance and Nursing Service for the 1942-44 biennium, it seems advantageous to review the functions of the committee and the personnel. At the General Meeting in June 1940 — "a decision was reached that the Committee be continued with a sub-committee appointed by each provincial association". From correspondence of the Executive Secretary of July 26, 1940, the functions of this Committee were noted as follows:

(1) To make a study and to keep closely in touch with health insurance schemes.

(2) To have information available as may be required by the Canadian Nurses Association in the event of the adoption of a general plan of health insurance, federal or provincial.

The personnel of the Committee was named by the convener and consisted of five nurses within travel distances of the convener. This core committee was added to from time to time as the convener saw fit until it reached the number of eight in October 1942. At this time the national sections asked for representation and from the minutes of the executive meeting of October 24, 1942, it is noted that the following resolution was adopted:

That each national section appoint from the present membership of the committee on Health Insurance and Nursing Service, a member to represent its section on the national committee; each representative to report progress by the national Committee to her section; further that each provincial committee on Health Insurance and Nursing Service have representation from the corresponding provincial sections.

The personnel of the committee as of October 1942 was as follows: Miss A. Ahern, Convener; Miss F. Munroe,

Hospital and School of Nursing representative; Miss E. Moore, Public Health representative: Miss M. Baker, Private Duty and General Nursing representative; Misses J. Church, Maude H. Hall, M. Roy, Sister Madelene de Jesus.

Concerning the activities of the Committee from June 1942 to November 1943, I wish to quote from the progress reports prepared by the late convener:

Number of meetings held from June 1942 to January 1944, four general and eight special. At a meeting of the full committee on December 1, 1942, the Nursing Benefit proposal as received from Dr. J. J. Heagerty was discussed. Amendments and recommendations were added for the consideration of the executive of the Canadian Nurses Association, but due to the very short period of time given by Dr. Heagerty this matter of the brief had to be considered by the provincial committees at emergency meetings.

On December 11, 1942, the committee again met with Dr. Heagerty and two members of his advisory committee. At this meeting the nursing benefit text as it appeared in the completed Enabling Bill was received. Dr. Heagerty stressed the "urgency and importance of drawing up tentative 'Regulations' for presentation to the provinces when the Bill is passed". On December 29, 1942, the core committee met for "the express purpose of preparing an outline to aid the provincial committees in drawing up these 'Regulations'". On January 15, 1943, this outline, with a covering letter and the text of the nursing benefit, was sent to the provincial conveners. On March 15, 1943, available members of the core committee met with the convener to discuss the study material on 'Regulations' received from the provincial committees and to consider the question of legal and other advice. Miss Esther Beith was asked to act as consultant to this committee. In February 1943 a special Committee on Social Security of the House of Commons was formed to examine and report on a national plan of Health Insurance. On April 6, 1943, Dr. Heagerty advised that the Canadian Nurses Association would be required to make its submission on April 13. This submission was made by a group of nurses representative of the nursing interests of the Canadian Nurses Association This submission was printed in the June 1943 issue of *The Canadian Nurse*. Also copies were sent to the members of the Canadian Nurses Association executive, the provincial secretaries, conveners of provincial Health Insurance and Nursing Service committees asking "that the C.N.A. submission be carefully studied and that any comments or suggestions be submitted without delay".

At the request of the Maritime Hospital Association, the convener attended the 1943 sessions of this association and spoke on Health Insurance and the Nursing Profession. While in the Maritimes she held meetings on Health Insurance with nurses in Halifax and Sydney. The convener also attended the biennial meeting of the Canadian Hospital Council, when a whole session was assigned to the subject of Health Insurance.

On October 30, 1943, Miss Lindeburgh, the President, Miss Ellis, General Secretary, and the Convener, met in Ottawa "to discuss matters regarding the work of the National Committee; amongst other things, the brief submitted to the Saskatchewan Legislature by the Saskatchewan Registered Nurses Association and questions and answers which were Hospital Association".

A general meeting of the national committee on Health Insurance was held in the convener's office in Ottawa on November 9, 1943, and a list of recommendations was prepared for the executive meeting of the Canadian Nurses Association scheduled for November 18 to 20, 1943. Concerning these recommendations the following plans have developed:

(a) regarding a national director of nursing. This recommendation was adopted by the executive committee in the following resolution:

That a small committee be appointed by the chair to bring in to the next meeting of the executive committee names of nurses who might act (1) as adviser on the National Council on Health Insurance, (2) as national director of nursing.

That the provincial associations be asked to consider persons suitable for appointment: (1) as adviser on the Provincial Council of Health; (2) as provincial director of nursing.

(b) regarding a proposal for a joint program with the Canadian Medical Association of education and interpretation of medical and nursing services the legal adviser expressed a definite opinion that it would not be desirable to initiate such a programme at the present time. He pointed out that there are many fundamental principles about which there is much controversy and also questioned the wisdom of the Canadian Nurses Association committing itself to any joint program at this time.

(c) a proposal to provide continuous publicity program on Health Insurance through *The Canadian Nurse* has already taken the form of a page of questions and answers.

(d) that one full section of the C.N.A. biennial meeting in June be devoted to Health Insurance.

(e) that the make-up of the national committee on Health Insurance be not changed.

(f) the proposal that a legal adviser who would hold a 'watching brief' regarding health insurance and nursing questions in general be named for each province as well as for the national committee has been implemented in part on behalf of the national committee.

(g) that the full committee on Health Insurance and National Service including provincial conveners of Health Insurance Committees arrange to meet together in Winnipeg in June for the purpose of discussing their individual programs and bringing in a progress report. It was also agreed at this general meeting of the Committee that: "the provinces, through their Health Insurance Committees, should be asked to formulate definite policies which would safeguard nursing and nursing standards; that they should make a study of their nursing needs and that reports of their work should be submitted to the national committee not later than March 1, 1944." Further, "in order to help the provincial committees, material will be sent out from the national committee including a copy of an outline submitted by Miss Maude Hall concerning Regulations for Visiting Nurses and a copy of Miss Madalene Baker's outline regarding Private Duty and Hospital Nursing."

Due to illness, the convener was unable to attend the sessions of the executive committee to present the progress report with the above recommendations. At the request of the convener, Miss Edna Moore agreed to take over the convenership of this committee temporarily, in order that its work should not be interrupted nor delayed. In January 1944, due to pressure of her official duties, Miss Moore asked to be relieved of the convenership of the national committee on Health Insurance and Nursing Service, and also from membership on the committee. With much regret her request was granted. Miss Esther Beith was named as her successor as a member on the committee, and Miss K. W. Ellis, general secretary, was named her successor as convener of the committee for the remainder of the biennium.

In January 1944 delegates representing special fields of nursing were appointed by the president to attend a meeting of national health organizations on Health Insurance called by the Canadian Medical Association. By special request, resolutions were prepared by the delegates, after taking into consideration recommendations received from the provincial associations and presented at the meeting. They were received and read at the conference, for information only. A copy of these resolutions, as adopted by the Executive Committee, C.N.A., was mailed to each provincial registered nurses association.

Acting on the motion passed at the meeting of the Executive Committee, the president and first vice-president took the necessary action to arrange for legal protection for the Canadian Nurses Association. The services of Mr. J. H. Robertson, of Messrs. Phelan, Fleet and Robertson, Montreal, were engaged. Two interviews have been held with Mr. Robertson to date. One of these concerned further representation which might be made to the special committee on Social Security with particular reference to recommendation No. 2, Appendix iv, which was approved at the last meeting of the executive committee:

Whereas in the Draft Bill it is stated: That nursing services shall only be available when ordered by the practitioner by whom the qualified person is attended, and whereas experience has shown that this practice does not support the most effective use of nursing service, now, therefore, be it resolved: That this clause in the Draft Bill be reconsidered and brought into harmony with this objective.

The legal adviser expressed the opinion that it would not be advisable to make a request for this change at the present time. He concurred with the interpretation made by the Director of Public Health Services, Ottawa, that some such clause is necessary for the protection of public funds and the nurse, but stated that when the act is implemented in a province that care should be taken that arrangements are made to provide for the necessary protection and latitude in the calling of nurses. The revised Draft Bill was issued in March 1944. A change to be noted under the Nursing Benefits is the inclusion of the clause dealing with: "The Right of Selecting Nurses".

Meetings of the special committee on Social Security were resumed in Ottawa on February 24, 1944. At this time it was announced that any further personal representation on behalf of groups or organizations to the committee on Social Security would be out of order. However, on the advice of the lawyer recommendations regarding adequate representation of nurses on all committees, councils and boards appointed in connection with a health insurance plan were restated in a letter directed to the committee. Miss Maude Hall and Miss Blanche Anderson kindly undertook to attend meetings of the committee on Social Security for the purpose of following proceedings.

Since January, 1944 three meetings of available members of the core committee on Health Insurance and Nursing Service have been held. Contacts have been maintained with other members of the committee through correspondence. With the assistance of available members of the committee, the secretary and acting chairman have prepared outlines of a further study plan. Recommendations regarding the duties and qualifications of national and provincial advisers and directors have also been forwarded to all members of the committee for comment. Through an article containing questions and answers and the Notes from National Office published in *The Canadian Nurse*, an attempt has been made to keep all nurses informed of developments which have taken place in connection with health insurance, especially as these affect nursing service.

Within the past biennium Acts concerning health insurance have been passed in Ontario and Saskatchewan, although their implementation has not yet been effected. A health insurance commission has been set up in Quebec. In two provinces, Alberta and British Columbia, health insurance legislation has been on the statutes for sometime.

The acting chairman wishes to express very sincere appreciation of the assistance given by members of the committee. A special vote of thanks is recorded to Miss E. Beith and Miss MacLennan, both of whom are now members of the committee but who rendered signal assistance even before they were named to the committee.

KATHLEEN W. ELLIS
Acting Chairman

Preview

Numerous requests were made at the convention for copies of the condensation of provincial acts prepared by the Registered Nurses Association of the Province of Quebec. We are happy to report that the executive secretary, Miss E. Frances Upton, has promised it to us for October so every subscriber may have a copy.

What We Should Know and Do About Health Insurance

Rae Chittick

One must keep in mind that health insurance as we now conceive it is a proposal of the present government in power in Ottawa. The plans made so far are severely criticized by the opposing parties, in fact, health insurance in any form is not in favour with the C.C.F., the Progressive Conservative or the Social Credit Party. All three parties seem to lean towards forms of state medicine. It is doubtful that health insurance will become a reality before the general election, since at present the Health Insurance Act is only a draft Bill and has not yet been presented to the House. If the Liberal party does not hold the reins of government after the next election, there is likely to be some other form of health legislation proposed.

It is an accepted principle that the health of every citizen is a responsibility of the State. Modern developments in the field of public health and medical care brought about a demand for the prevention and treatment of disease and all countries are endeavouring to meet the demand. The study, understanding and criticism of this one should make us more intelligent regarding other proposed plans.

Health Insurance in other countries: In nearly every country of the world some sort of fraternal sickness benefits, accident policies, health insurance of different types on community and sometimes national basis have been tried. In no country have any of these been satisfactory or free from criticism.

Health insurance has taken two forms, one voluntary, the other compulsory. It has been adopted by 47 countries—some have the voluntary type, others the compulsory system. In a booklet published under the name of the Hon. Ian Mackenzie this statement is made, "In spite of the value of its achievements, the voluntary form of health insurance has been found ineffective. Experience has taught that to secure complete protection against the risk of illness it is necessary to have recourse to compulsory insurance. The modern State as guardian of public health considers it both a right and a duty to impose compulsion". In England the insured group is limited to the employed worker (about 20 millions in 1940); in Germany dependents are included; in New Zealand health insurance includes everybody.

Health Insurance defined: Health insurance is a scheme to raise funds from individual contributions and through taxations for the purpose of paying hospital and medical accounts at rates to be established by government appointed commissions with the advice of organized medicine. Those who advocate state medicine consider this a partial plan only, and believe that all medical services should be financed from the consolidated revenue, available to all, regardless of the ability of the individual to pay.

The need for some form of socialized medicine in Canada: 1. The people of Canada generally are unable to provide themselves with adequate medical care, and the public health services are at present inadequate to meet the needs of the people. Sixty-two per cent of Canadian workers earn less than $950 a year which means that this group cannot pay for ordinary medical expenses without sacrificing other essentials in food, clothing and housing. 2. Diseases which could be eliminated have an excessive morbidity and mortality rate. Each year Canada loses approximately 6,000 per-

sons from tuberculosis, with another 30,000 active cases of the disease in the country. In 1942 about 15,000 people died from communicable diseases, many of which were due to lack of medical care and other professional services. 3. Canada is confronted with a tremendous problem in the prevention and treatment of mental illness. More beds are now required for the treatment of mental illness than the total number of beds for the hospitalization of all other diseases. In 1942 about 60,000 individuals in Canada were treated in mental hospitals and elsewhere for mental illness. 4. There are many other serious health problems in Canada that we are not at the present time meeting in an adequate fashion—the high maternal mortality rate, the excessive incidence of venereal disease, the care of crippled children, and the enormous cost of illness. Canadian citizens each year foot a sickness bill amounting to about $265,000,000. 5. There are many people in Canada who though not sick do not enjoy maximum health. The medical examinations for the armed forces shocked Canadians by revealing that more than a third of our young men and women were unfit for military duty. Mr. Allan Ross of the Ration Board at Ottawa made a statement that "out of 50,000 men who tried to enlist in the active service army during one three-month period last year, 20,000 or two out of every five were rejected as medically unfit". In fact one leading authority has said that "the state of the health of the Canadian people should be a source of national humiliation".

What has been done towards socialized medicine in Canada: 1. Three provinces have drafted bills for health insurance—Alberta, British Columbia and Saskatchewan—but none of these bills has been put into effect for various reasons. 2. Health insurance has been developed by various companies to protect their employees. The best known of these is the Cape Breton "check-off system", serving 6,000 to 7,000 employees of the Nova Scotia Steel and the Dominion Coal Co. of Cape Breton. These men with their dependents represent about 35,000 people. Each employee contributes 95 cents a week regardless of wages, and for this amount each worker and his dependents receive complete medical care, including cash benefits which begin after the lapse of seven days. There are many other industrial schemes of this type. One of the best known Canadian experiments, open to anyone, is the Association of Medical Services Incorporated in Toronto which was formed in 1937. It is non-profit making and sponsored by the Ontario Medical Association. Each subscriber pays $2.00 a month, with additional sums for dependents, and in return he receives hospital services, medical care, x-rays and drugs valued to the amount of 50 cents a day. There are more than 4,000 subscribers to this plan. Saskatchewan's municipal physician system, in which 97 out of 300 municipalities engage a doctor on a full-time salary to serve a definite community, and the various municipal hospital schemes, which enable ratepayers to have hospital service at low cost are forms of health insurance. Then, too, the Workmen's Compensation Act provides benefits in all provinces except P.E.I.

The difficulties in the way of socialized medicine in Canada: 1. The British North America Act gives the administration of health services to the provinces which makes it difficult to frame an Act which can overcome obstacles in nine different provinces. 2. There is a great difference in provincial income in each province as well as a tremendous difference in the per capita income from province to province. This makes it difficult to set an equitable insurance rate on a national basis. 3. So many areas are so sparsely populated that they could not financially support

any form of socialized medicine which is contributory. 4. There is in Canada a tremendous shortage of medical personnel to inaugurate any scheme of medical service covering the entire population. Added to the lack of personnel is the uneven distribution. The concentration of medical personnel in large centres is well known—in seven cities of over 100,000 representing 22 per cent of the population of Canada, 37 per cent of the total health personnel is located. (1931 census). In an article which appeared recently in the Toronto Saturday Night, Ronald Whillans made the statement that to give adequate dental care to the Canadian people we need 23,000 dentists. At the present time there are in all of Canada about 4,000. 5. In order to prevent any scheme from being completely bogged down by the cost of curative medicine, a tremendous amount of work must be done in establishing preventive services. So far, only 50 per cent of the Canadian people have the services of full-time medical officers of health. 6. In a democracy we aim to consider the rights of minorities. It is difficult to know what can be done with various religious groups who do not approve of the plan, and also what discrimination, if any, should be made against practitioners not recognized by established medicine, such as chiropractors, osteopaths, chiropodists, herbalists. Even veterinary surgeons have put in a plea for recognition since, as they state, they prevent the spread of many diseases from animals to man.

The Draft Bill: The draft Bill, as it stands now, is the result of protracted study and discussion by medical and financial experts, by members of Parliament and by many interested associations. Many alterations have already been made in the Bill as a result of this study and discussion.

Research and spade work on the matter of health insurance were undertaken by the Advisory Committee on Health Insurance, appointed by Order in Council in February 1942 to report to the Minister of Pensions and National Health. The committee is under the chairmanship of Dr. J. J. Heagerty, Director of Public Health Services, Department of Pensions and National Health. It includes representatives of the Dominion Bureau of Statistics, the Employees' Compensation Branch of the Department of Transport, and the Department of Pensions and National Health. The Advisory Committee formulated a Draft Health Insurance Bill after intensive studies of the development of public health and medical care in every country, and of existing provisions in the Canadian provinces, and after consulting representatives of and considering submissions on the subject of health insurance by interested national groups. These groups included the Canadian Medical Association, the Canadian Nurses Association, the Canadian Public Health Association and the Canadian Pharmaceutical Association.

The draft Bill was presented by the Minister of Pensions and National Health to the Special House of Commons Committee on Social Security at its first meeting, on March 16, 1943 for its consideration.

During the 1943 session, the House Committee held thirty-two meetings and examined one hundred and seventeen witnesses representing thirty-two organizations. While all the organizations which sent representatives or submitted briefs to the House Committee were in favour of health insurance, there were some differences in the view put forward as to both the financial and administrative provisions of the draft Bill. After further study by the Advisory Committee between 1943 and 1944 sessions, it was considered that substantial changes were needed in the financial provisions of the Bill. The Advisory Committee asked a special Finance Committee to draw up new

financial provisions and at the opening of the House Committee in the 1944 session the Minister presented a new draft Bill embodying these new provisions.

The new draft Bill has been before the House Committee since that time and is being discussed in considerable detail by the Committee.

Basic principles of the Draft Bill: The basic principles on which the Bill is constructed have been outlined by the Minister as follows:

1. That no scheme of health insurance can be successful without a comprehensive public health program of a preventive nature.
2. That a real health program as distinguished from a policy of cash benefits can be effective only if it embraces the entire population.
3. That the principle of compulsory contributions should be embodied in any plan of health insurance to the greatest possible extent.
4. That public opinion and efficiency demand to the greatest possible extent a national plan.
5. That the constitution, as at present understood and interpreted, prevents the Dominion Parliament from adopting a single comprehensive national Health Insurance Act.
6. That, for practical reasons, a constitutional amendment is not desirable.

The Draft Bill: The draft National Health Bill provides for Dominion financial grants to those provinces which make the required statutory provisions for using the grants to establish a health system in the province. To get the Health Insurance Grant the province must set up a health insurance scheme substantially in the terms of the draft provincial Act which is a part of the draft National Health Bill, and must also maintain public health services of twenty-three specified types for which an additional dominion grant (General Public Health Grant) is provided.

Terms of the health insurance scheme: Benefits: The scheme would provide complete medical and nursing services, hospitalization on a general ward basis, medicines within an approved list of standard remedies, and dental care to the extent that existing dental facilities would allow. These benefits are to be provided under normal existing arrangements as far as possible. The sick person will, as now, see the physician of his choice. The family doctor may call in a specialist, if necessary, and may order nursing attendance or hospitalization, and he may prescribe medicines, or other special treatment facilities. The main difference will be that the doctor, the nurse and the hospital will send their bills to the health insurance fund instead of to the patient.

The doctor will have the same liberty of choice as the patient, and may refuse to have any particular patient upon his list. The provincial health insurance commission will work out with the medical profession lists for each administrative area, which will include doctors, and specialists from which the patient may choose. If the insured person prefers to select a "group clinic" this scheme would permit this to be done. The provincial health insurance commission, in consultation with the medical profession, will also arrange whether the doctors in each administrative area will practice as individuals, as one of a group, or in a health centre, and whether he will be paid on a capitation fee or on a salary basis.

Individual contributions: All persons (in the provinces coming under the scheme) sixteen years of age and over, except those who could show inability to pay, would pay an annual flat contribution of $12 a year and, in addition, single persons would pay 3 per cent of income over $660 up to a maximum of $30, and married persons 5 per cent of income over $1,200 up to a maximum of $50.

Dominion-Provincial division of costs: The province would be responsible for collecting the $12 per capita from every adult in the province, or for providing this amount to the provincial health insurance fund by some other arrangements. The province would thus bear the cost of any part of the $12 fees for individuals who demonstrated their inability to pay the full fee.

The Dominion would collect the individual contributions of 3% or 5% of taxable income through the Dominion income tax machinery, and would pay this amount into the provincial fund. In addition, the Dominion would contribute to the provincial fund the Health Insurance Grant. This grant would consist of (a) the total cost of benefits for children under 16 years of age (calculated on the average estimated cost per capita for all provinces, now estimated at $21.60 a year), and (b) the excess of the $21.60 over $12 per capita for those sixteen years of age and over, less (c) the amount provided by the individual contributions of 3% or 5% of incomes of residents of the province. In other words the province would put into the provincial fund $12 per adult. The Dominion would put into the provincial fund the amount collected through the income tax machinery from residents of that province. In addition, the Dominion would pay to the provincial fund the Health Insurance Grant, which would make up the difference between the money in the fund and the amount needed to provide the benefits in that province at the estimated average cost for all the provinces.

It is estimated that the total cost of benefits would be about $250,000,000 a year; that the $12 would provide $100,000,000 and the percentage contribution based on income would provide $50,000,000 leaving about $100,000,000 to be provided by the Dominion out of general revenue. In addition, each province would bear the cost of administration. After the scheme has been in operation in at least two provinces for two years, the actual per capita cost of providing benefits in all the provinces under the scheme would be determined by the Dominion. The actual average cost over all the provinces in those two years would be made the basis of the Dominion grant for the next three years.

The financial provisions of the draft Bill are still under discussion by the House Committee on Social Security. At the meetings so far in the 1944 session, these provisions have been questioned in considerable detail by the committee members, and briefs have been submitted by the Canadian Congress of Labour, and the Canadian Association of Social Workers. Various proposals have been made: to lower the flat $12 contribution to $10; to drop the flat contribution altogether; to take the balance of the cost, over and above the flat $12 contribution, out of general national revenue; to alter the percentage rates from the present 3% and 5%; to meet the whole cost out of the proceeds of graded income and inheritance taxes, etc.

Administration: The Dominion Act would be administered by a Health Insurance Division in the Department of Pensions and National Health or in the new Department of Social Welfare when it is set up. The Bill provides for a Director of this Division, a qualified doctor, who will also act as chairman of a National Council on Health Insurance. The National Council will include representatives of qualified persons, public health officers, doctors, dentists, hospitals, nurses, pharmacists, industrial workers, employers, agriculturalists, and urban and rural women, as well as the chief administrative officer of health insurance of each province which subscribes to the Act. The members of the Natonal Council are to be appointed for three years, and to meet

at least once a year in Ottawa.

The draft provincial Act, as presented to the House Committee in 1943, provides for administration by a provincial Health Insurance Commission appointed by the provincial government. The new draft Bill, presented at the first meeting of the 1944 session of the House Committee, provides that administration may be by a provincial department of health in lieu of a commission. The new draft also provides that where a provincial commission is set up, the provincial government shall appoint to the commission, in additon to the representatives of various groups, two members to be nominated by the Dominion government.

In addition to the Health Insurance Grant and the General Public Health Grant, the draft Bill provides that the Dominion government may make the following special optional grants to the provinces:

1. Tuberculosis (treatment) Grant: To provide free treatment for all persons suffering from tuberculosis, including the provision of additional buildings and bed accommodation. 2. Mental Disease (treatment) Grant: To provide free treatment for all persons suffering from mental illness, and for mental defectives, including the provision of additional buildings and bed accommodation. 3. Venereal Disease Grant: To enable the province to conduct a comprehensive venereal disease program of prevention and control and to provide free diagnostic and treatment clinics in urban and rural areas. 4. Professional Training Grant: To enable the province to provide for the training in public health of physicians, engineers, nurses, and sanitary inspectors. 5. Investigational Grant: To enable the province to carry out any special investigation concerning public health or public health measures. 6. Crippled Children Grant: To enable the province to establish and to conduct a program for the prevention and control of crippling conditions in children.

National Fitness Act: This Act, based on a recommendation of the House Committee on Social Security, was put into force on November 1, 1943. It provides for a National Council on Physical Fitness with power to assist in the extension of physical education in all educational establishments; to encourage and correlate all activities relating to physical development through sports, athletics, etc.; to train teachers in the principles of physical education and to organize activities designed to promote physical fitness and to provide facilities. The National Council on Physical Fitness was organized in February 1944, consisting of one member from each province and a National Director.

Nursing benefit: (1) the draft Bill provides that nursing benefits shall be made through organizations which are representative of registered nurses; and may provide that, in special circumstances or for limited or special duties or purposes, nursing services may be supplied by persons with such training and experience in nursing as may be prescribed although falling short of the training and experience necessary for registration as a nurse; and that the names of all such persons shall be entered in lists as may be prescribed showing the classes of duties or services whch may be provided by them.

(2) Nursing services shall be available only when ordered by the practitioner by whom the qualified person is attended.

(3) That, as far as may be practicable, nursing services in each area shall be provided through the local organizations which are representative of registered nurses, and that regard shall be had for general qualifications, special training and experience in assigning persons to render nursing services.

(4) That any qualified person, not being a juvenile, for whom nursing ser-

vices are ordered shall have the right of selecting, from the appropriate list, the nurse by whom he wishes himself to be attended—subject in each case to the consent of the nurse so selected and the medical practitioner in attendance.

(5) That the conditions of service, the hours of work and the methods and rate of remuneration of persons who may be employed to render nursing services for the purpose of this Act shall be subject to reconsideration and revision from time to time.

(6) That the accepted standards of nursing training and nursing services which may be from time to time recognized as satisfactory shall be maintained.

(7) There is a special clause in the Bill dealing with the re-establishment in civilian professional life of the members now serving with the Armed Forces.

Criticisms of the Bill: 1. At a conference of the provincial ministers of health and their deputies held in Ottawa in May 1944, four main changes were suggested:

(1) That health insurance benefits be introduced item by item as may be found feasible in any province.

(2) That the federal grants be applied as each item is introduced in any province.

(3) That the provinces be permitted to raise the funds in any way they see fit.

(4) If it is found from experience that the $12 per capita plus the federal grant is more than is needed to provide the health insurance services, the provinces be permitted to lower the amount contributed to the fund.

Suggestions (1) and (2) will be submitted for consideration by the Special Committee on Social Security since the draft Bill may not be revised by the Advisory Committee on Health Insurance. Suggestion (3) was favourably received as it is realized there must be a certain amount of flexibility in the method of collection. Suggestion (4) provision has already been made in the draft Health Insurance Bill for this purpose.

2. It is suggested that some of the grants for public health were inadequate, such as the general public health grant, the tuberculosis grant, the mental disease grant, the venereal disease grant and the grant for crippled children.

3. British Columbia estimates that the $21.60 per capita cost is too high.

4. Some organizations including the Trades and Labour Congress object to no provisions being made in the draft Bill to indicate the method by which doctors, dentists, nurses and other persons providing benefits shall be paid. The government takes the attitude that this is a matter for consideration of the provinces, as it is within provincial jurisdiction. No doubt, the method of remuneration for services will vary in each of the provinces, dependent upon circumstances. The matter of remuneration of physicians and others may vary as between rural and urban areas, the former lending itself to payment on a salary basis and the latter on a fee or capitation basis.

5. One authority remarks that "the passage of any health insurance law will not solve the problems of health overnight". In my own province, Alberta, there simply are not the facilities, neither institutional nor personnel, to give full service to the entire population. It will take years to build up the personnel and institutions to give full service to all the population of many of our provinces. It is a matter of planning for development of the services.

6. Many critics who uphold state medicine think that the present practice of medicine on a fee basis for service does not tend to encourage a plan for organized clinical facilities, nor

does it encourage the preventive services.

7. Almost all critics believe the amount to be collected from individuals is too high. Considering that 62 per cent of Canadian workers earn less than $950 a year, $74 a year for a married man and his wife seems a good deal.

8. Charlotte Whitton in her report prepared for Mr. John Bracken breaks sharply with the Heagerty report, and says the nature of this country, relevant factors in status, occupation and income of great masses of the people, urban and rural, make the provision of an agreed minimum of health services — diagnostic, hospital, nursing, medical care, etc.—inevitable as a social utility. She believes that health services should be put on the same basis as the schools, with public provision of services up to a definite minimum standard, and freedom of the individual to seek his own provisions outside those. If placing health services on a social utility basis is the right thing to do, now is the time to do it, Dr. Whitton urges, pointing out that there are nearly eighty splendidly equipped National Defence and R.C.A.F. hospital units, and many in emergency munitions manufacturing centres. These, she suggests, could be transferred to the provinces as part of the Dominion's contribution. Moreover, over 3000 medical personnel will have become accustomed to full time practice on regular salaries, together with large numbers of dental, nursing and other professional ranks. She suggests that they may not be "violently allergic to transfer to a similar civilian basis of practice."

Miss Whitton also thinks that the estimates covering the cost of nursing are too low. The $21.60 for services per person breaks down into, physician, $9.50; hospitalization, $3.60; dentistry, $3.60; medicines, $2.55; nursing (including private duty), $1.75; and laboratory services, 60 cents. She believes that what will happen will be continued high costs, outside insurance, for hospital and nursing care.

9. Mr. V. R. Smith, general manager of the Confederation Life Association, Toronto, writing in the Canadian Public Health Journal of October 1943 states that "health insurance proposals put forward by the Advisory Committee contemplate the possibility of nine separate funds with nine different schedules of benefits, contributions, and cost to the province concerned." Mr. Smith thinks that bitterness and frustration will arise in any province that cannot afford as much as any other province undertakes. He asks, "How firm will be the foundations of any plan of social security that rests upon the bitter frustration of a province unable, in whole or part, to enjoy the social insurance benefits available to other provinces?" He also comments on the shortage of trained personnel. "To provide for adequate health department services alone, for the whole of Canada, other than self-contained cities and metropolitan districts, would require 400 doctors, 1,500 nurses, and 500 sanitary inspectors, together with office assistants and other technical staff".

Conclusion: We must make every effort to be alert to developments in social security plans and particularly to the aspects of socialized medicine which are a part of this movement. Not only do these changes affect us in a professional way, but also as citizens of this country. In order to be intelligent about developments promoted by our governments, we should read press reports and discuss various proposals in local groups. Much information is available free or at little cost. The proceedings and evidence given before the Special Committee on Social Security may be had for $1.00,

as may also the evidence presented to the Special Committee on Reconstruction.

I think we must not take the attitude that this is the one acceptable plan, but be cognizant of other schemes and able to judge their value in an open-minded intelligent manner.

Editor's Note: Following Miss Chittick's able presentation, the prospects for hospitals under a health insurance scheme were presented by *Miss Elinor Palliser* who suggested that from the hospital viewpoint, health insurance should be introduced gradually, step by step, with practical provision being made for increased hospital facilities. Funds should be made available for better accommodation for nurses, for the education of personnel including medical students whose opportunities for clinical observation might be seriously affected if all patients, having the right to choose their own doctor and hospital, come under the category of private patients. Closer supervision of the hospitals would likely result with a curtailment of prolonged hospitalizations. Outpatient departments would probably disappear to be replaced by diagnostic clinics. The large public ward in our present hospitals would give way to smaller cubicle wards or from six to eight beds. This would permit of better segregation with better teaching, better furnishing and equipment. *Miss Elizabeth Russell* outlined the advantages to the community under such a health insurance plan. The sixth principle states that "the plan shall include all services necessary for the promotion of positive health, and the prevention and curing of disease". Since there is no reservation made, the speaker visualized a time when the whole dominion would be covered by properly organized full-time health services with fully qualified personnel. These health units would be expected to prepare a plan showing the health needs of their areas, and what part of these needs would and could be met by the general practitioner, who is the foundation of the success of the plan. The primary purpose of the physician would be to keep the family well. Ultimately, we should expect to see the eradication of tuberculosis and venereal disease; the reduction of mental illness; a diminution of heart disease and other chronic conditions which are frequently sequelae of communicable diseases; adequate protection of the health of mothers and children and the expansion of public health.

REPORT OF THE GOVERNMENT GRANT COMMITTEE

It will be recalled that immediately following the last general meeting in June 1942, further and successful representation was made to the Department of Pensions and National Health regarding the need for financial assistance to carry on an effective programme to support war activities and civilian needs as related to nursing service during the present crisis.

In 1942, the sum of $115,000 was granted for the following purposes:

1. Administration, including recruitment of students, publicity and to support the work of the Emergency Nursing Adviser.

2. Aid to provinces, to provide additional personnel and teaching facilities in schools of nursing, hospitals and universities and public health organizations, to care for increased enrolment.

3. Bursaries to enable graduate nurses to take postgraduate courses in preparation for teaching, supervision and administration and other specialized work.

Following the announcement of the grant, with as little delay as possible, a special program was initiated, both nationally and provincially. Plans which had been formulated and partly effected much earlier in the year,

as part of the emergency programme, were either put in operation as expeditiously as possible, or supported.

However, due to shortage of personnel and other difficulties encountered in the realization of the program, it was not feasible to effect certain aspects of this immediately. This delay made the expenditure of the entire amount of the grant by the end of the fiscal year, March 31, 1943, impossible, and has been the chief cause of the accumulation of the unexpected funds in 1943-44.

Upon the receipt of the grant, at a special meeting called by the president in July 1942, the Executive Committee of the Canadian Nurses Association was appointed as the Government Grant Committee. Two subcommittees were named later: one was empowered to deal directly with the Government in regard to the grant, and to take action when necessary on urgent matters, and the other was given the responsibility of making bursary awards and is now known as the Bursary Award Committee. The Government increased the grants for 1943-44 to $250,000 and the same amount has been granted for 1944-45, with some modification in allocation.

During the past biennium six meetings of the full committee have been held, two of available members, and twelve meetings of the subcommittee of the Government Grant Committee. At these meetings decisions have been reached regarding policies governing the administration of the grant, including the basis of allocations in provinces, objectives to be supported, recommendations to be forwarded to governmental authorities. Advice has been freely sought from and given to provincial associations. The cooperation and support received from provincial organizations is acknowledged with appreciation. In addition, a number of personal conferences have been held with the Director of Public Health Services, Department of Pensions and National Health, Ottawa, and other government officials. These have always been granted most willingly and generous consideration has been given to all requests, even when these could not be granted.

The programme of activities made possible through the grant made from the federal government are covered in various reports which have been prepared for this meeting. Many of the accomplishments have been far-reaching in their implications. The grant has done much to prepare nurses for positions of leadership. The administration of the grant has presented problems, but with the co-operation of the provinces it has been possible to carry out a constructive program.

The portion of the Government Grant allocated to bursaries has proved of great value. During the past year, 105 bursaries were awarded for long term courses, and 37 for short term courses. The amount has been increased from $25,000 the first year to $75,000 for this year which will permit awards to the extent of $500 for full term courses in Universities, as well as assisting in defraying travelling expenses over the sum of $25.

The following resolutions presented by your Government Grant Committee to your Executive Committee in the meeting of June 24, 1944, were approved:

1. That in future the portion of the Government Grant allocated to the provinces be operated on an *imprest* basis, that is to say: that one-quarter of each provincial allocation be forwarded as an initial payment. That when this sum has been spent to within an approximate balance of $500 vouchers for amounts expended be forwarded to National Office and a sum equal to the vouchers be remitted as soon as possible to the respective province until the total allocation has been paid.

2. That when allocating sums of money to organizations and institutions an itemized statement should be prepared in advance. The payment of government money for such purposes as organization of courses has been questioned by both the governmental authorities and the association auditor.

3. That the division of $75,000 for bursaries be approximately as follows: $60,000 for long term bursaries; $10,000 for short term bursaries; $5,000 for travelling expenses.

4. That a definite sum of money be allocated to each province to cover the actual award of bursaries and that this amount be based on the number of registered nurses in each province.

5. That if the amount of the Federal grant be reduced by the Federal Government, first consideration be given to the promotion of nursing education in universities and schools of nursing.

6. That the provincial nurses associations be urged to study the advisability of asking

their *Provincial Governments* for financial assistance for Schools of Nursing, and that the opinion of hospitals and universities conducting Schools of Nursing be obtained in making this study.

7. That as the grant is recognized as a wartime measure, the policy of continuing to request annually a grant should be carefully considered. At the Executive Meeting held on June 24, 1944, your Executive Committee approved, "that an annual request to the Federal Government for a grant be continued and that at the end of the war the policy of the grant be reconsidered."

8. That the following criteria be considered both by the Government Grant Committee and provincial associations of registered nurses when making requests for grants:
Knowledge of the factors involved: Has a thorough analysis of needs been made, and a tentative plan evolved for meeting them?
Potential demand: What evidence is there that there is sufficient potential demand to justify the setting up of new projects?
Ability to carry on independently: Is the association concerned prepared to carry on *new* long range projects (departments of nursing in universities, placement bureaux, etc.) after the Federal Grant is withdrawn?
Personnel: Is the association concerned reasonably certain that qualified personnel is available for directing new projects?
Duplication: Are the *new* facilities desired already available in any adjacent province?
Time factor: In the case of short range projects is there a reasonable assurance that the funds can be usefully expended within the required time limit?

9. At the request of the Executive Committee, the subcommittee of the Government Grant Committee was "given authority to appoint at an early date the Advisory Committee which is to act as liaison to National Selective Service, and the Canadian Medical Procurement and Assignment Board." The following personnel was appointed to act until the General Meeting in June 1944: the President, First Vice-President, and the National Adviser.

In view of the financial support secured from the Department of Pensions and National Health since 1942, it would seem most fitting that an expression of appreciation on behalf of the Canadian Nurses Association be sent to the Honourable the Minister of Pensions and National Health.

MARION LINDEBURGH
Convener

REPORT OF THE BURSARY AWARD COMMITTEE

It was decided by the executive that $40,000 of the Government Grant be used for bursaries during 1943-44. Four hundred and sixty five dollars remained from a previous grant, so that your Committee had $40,465. to dispose of.

The committee composed of Misses M. Lindeburgh, K. Ellis, F. Munroe, M. Nash, M. Hall and the convener met frequently to speed up as much as possible the award of bursaries. We were guided by policies laid down by the Canadian Nurses Association. These policies with our recommendations will be noted at the end of this report.

Provinces were asked to announce that the Grant was available, using all channels of publicity. It was decided, too, that applications be received, approved, and preferably graded by the *Provincial* Associations before forwarding to the Bursary Award Committee. Applicants were to be accepted by the University of their choice before they would be considered by the committee. June 30 was set as the final date to receive applications for long term bursaries and October 31 for bursaries for the short term courses.

The Committee met on July 31, at 9.00 a.m. to award the first bursaries. We regret the delay in the allocation of bursaries, but in many instances provincial associations asked for extended time in which to receive additional applications. Considerable sifting of information was necessary. In many instances the issue was decided by the candidate herself, as ten per cent of the applicants had not been accepted by University as late as July 26. Over twelve per cent were graded B or less by the provincial associations and

over eight per cent were graduates of 1943 twenty-two years of age or younger.

The needs of the community and the qualifications of the candidates were given careful consideration. When a bursary was awarded and for various reasons could not be taken up, the money was re-allocated within the province concerned. At this meeting 158 applications were considered and 102 bursaries for long term courses and twelve bursaries for short term courses were awarded. As other applications reached National Office they received prompt attention.

At the November meeting of the Government Grant Committee, several recommendations of the Bursary Award Committee were approved. The first was that university schools be asked to give an opinion regarding the nurses who have received bursaries and that provincial associations be asked to assemble similar information in order that the value of continuing the bursaries may be estimated more accurately. Following our inquiries, reports were received from McGill University, University of Toronto, University of British Columbia, University of Western Ontario, University of Montreal, and the University of Ottawa. They stated unanimously that the students are, on the whole, of higher calibre, their work earnest and intelligent.

The other recommendations had to do with the awarding of future bursaries: 1. That basic amounts be awarded with additional grants for travelling expenses. 2. That additional sums for bursaries be allocated from the Government Grant. 3. That the system for awarding bursaries be revised.

These proposals have received our earnest consideration and many things have influenced us in drawing up our final recommendations. First, the needs of the country are still very great. Teaching, supervisory, public health fields all need more trained workers. We have prepared more nurses but more nursing is being done. Second, the calibre of the individuals attending University Schools is by the universities' own report improving steadily. Third, our bursaries, while helping many individuals, have not been sufficient to relieve the recipient of financial worry during the academic year, and many have undertaken loans, some from the Canadian Nurses Association, and others at a high rate of interest.

It is with these facts in mind that the members of the Bursary Award Committee reiterate the policies stated last year, that:

1. The needs of the community be scrutinized carefully and an attempt made to help individuals to prepare to fill these needs.

2. That the applicant be free to choose any university in which to gain her postgraduate experience, encouraging her only to obtain broad experience.

3. All applicants for long or short term courses be urged to seek as wide experience as possible.

And with these policies are submitted the following recommendations:

1. Whereas the amount allocated for bursaries in 1943-44 permitted awards to be made to approximately two thirds of the applicants, the maximum award being $400 including allowance for travelling; and whereas as a result of reports from university schools of nursing, there is every indication that bursaries are meeting a definite need in helping to supply better qualified nursing personnel. Therefore it is strongly recommended that the amount allocated for bursaries from the 1944-45 grant be increased to $75,000, division to be made as follows:

$60,000 for long-term courses, $10,000 for short-term courses, $5,000 for travelling expenses.

It may be stated parenthetically that the bursary award committee, with some trepidation asked for $60,000 for the award of bursaries, and were therefore more than willing to make it $75,000 at the suggestion of your far-sighted executive!

2. That a definite sum of money be allocated to each province to cover the actual award of bursaries, and that this amount be based on the number of registered nurses in each province.

3. That bursary awards be made as follows:

(a) The final decision to rest with the Bursary Award Committee of the Canadian Nurses Association.

(b) Each province to make definite recommendations as to recipients of bursary awards to cover total amount of their provincial allocation, indicating reasons for selection, or rejection.

(c) All applications be forwarded to Na-

tional Office for the information of the Bursary Award Committee.
4. That amounts be awarded for bursaries as follows:
(a) For long-term courses a stated basic amount of $500.
(b) For short-term courses varying amounts depending on the length of course and whether or not maintenance is provided, the maximum not to exceed $250.

That assistance be given with travelling expenses in excess of $25, application for this to be made directly to National Office.
5. That for bursary awards from the 1944-45 grant:
(a) Applications for bursaries for long-term courses reach National Office not later than July 10, 1944.
(b) Applications for bursaries for short-term courses reach National Office not later than March 10, 1945, and that courses for which the bursary is requested begin not later than June 1, 1945.
6. That from bursary funds remaining after March 10, 1944, $100 be applied on loans granted to recipients of bursaries, provided that this sum plus the original bursary does not exceed $400 (the maximum amount awarded in 1943-44); these recommendations received the support of your executive.

This brings us to our final financial statement: 105 bursaries for long-term courses total amount $32,915; 37 bursaries for short-term courses, total amount $6,891. With the $659 which remained from our original sum of $40,465 and with a little less than $200 from the C.N.A. we were able to reduce the loans as suggested above by $840. This leaves absolutely nothing in the treasury of the Bursary Award Committee.

As I conclude this report on the activities of the Bursary Award Committee, only the highlights of which were mentioned, I would like to thank the members of the Committee and the staff of National Office for their never-failing co-operation and support, all of which made the distribution of this grant possible.

CATHERINE L. TOWNSEND
Convener

Report of Committee on Nursing Education

This report is presented under the following four headings: 1. Factual information; the membership; the meetings; the work undertaken during the biennium. 2. The organization of the Committee: its relationships within the C.N.A.; the facilities afforded for accomplishment of its purposes; next stages in development. 3. Suggestions regarding studies which are undertaken by the C.N.A. in the field of nursing education. 4. Opinion regarding urgent needs of nursing education in Canada.

Factual Information: The committee consists of the appointed convener plus seven members. These are the president of the Canadian Nurses Association; the chairmen of the three national sections; the French representative; the convener of the one present sub-committee of the committee (the sub-committee on psychiatric teaching for students); and the president of the Provisional Council of University Schools. Six meetings of available members have been held, two of these in Montreal, and four in Toronto. In addition there have been a number of meetings for sub-committee work . . . Of the projects considered during this two-year period, four were inherited from the previous biennium. These are listed now with the disposal of each one:

(a) Preparation of additional teaching material for first aid instruction. Due to circumstances which had altered after the project was undertaken, it was decided not to print this material. With due acknowledgments, the matter was closed in October 1942.

(b) Records for nursing schools. The study was started in 1936. One section of these records was completed in 1943, after which the present study was closed with the resignation of the convener. It was decided that any further action would have to come as a fresh project if desired, at some future date.

(c) Standards for postgraduate clinical courses. The present study was closed in November 1943. Certain minimum standards were adopted by the Canadian Nurses Association executive; a copy was sent to each school of nursing in Canada with the recommendation that these be adopted at least as a minimum. Any further action regarding this subject should come as an entirely fresh venture if, and when, this should appear desirable. The whole approach to this matter must be an entirely new one, now that some of the university postgraduate schools have started to offer clinical courses. There is danger here that the Canadian Nurses Association might set the clock back by making ill-advised suggestions to hospitals, or even to hospital nursing schools.

(d) Uniformity in provincial registration examinations. This work was concluded and recommendations were adopted in March 1944. If any further work is to be done on this subject, it too should have an entirely fresh start.

Two new projects have been undertaken by the Committee on Nursing Education during this biennium:

1. The proposal to train candidates from Great Britain in Canadian schools of nursing. After due study and correspondence, it was decided to accept the decision from the nurses of Great Britain that they had adequate training facilities at home.

2. Study of the matter of preparing two types, or grades, of professional nurses in Canadian nursing schools. This project was initiated in June 1943. The convener of your committee understood that this matter had an aspect related to the war emergency. Hence emergency action was planned to take immediate effect in September last. However this proposed action was not approved and was dropped. Now the matter of this study of two grades of professional nurses for Canada is under way, though haltingly even yet, because of fears and weakness on our part.

Organization of the Committee on Nursing Education, and its relationships within the Canadian Nurses Association: Your convener understands that the Canadian Nurses Association is trying to work out a proper arrangement for this Committee of Nursing Education and that suggestions are in order. She submits the opinion, therefore, that the present form of organization is not satisfactory as it does not facilitate the accomplishment of the work that should be done. The committee for the most part is treated as a section, and yet is not made a section; and, strange anomaly, there is another section which is called the School of Nursing Section. Nursing education and the school of nursing treated as two separate affairs! What logic lies here? Your convener begs that this duplication be removed. One of the least of the arguments against it, is that it has wasted the time of a lot of busy people.

Suggestions concerning studies regarding nursing education as undertaken by the Canadian Nurses Association: Here rigid planning is necessary, and this for more reasons than one. First there is the fact that almost every matter touched upon by the C.N.A. has relation either directly or indirectly to nursing education, for obviously, any plan for service leads back to the educational preparation for this service. Next we must face the fact that the C.N.A. has neither the staff nor the income to carry

on the broad programme of study and development in nursing affairs that is demanded so insistently at this moment. We seem to want to accompany our American sisters in all the variety of their professional activities, but we do not stop to realize that they have large, very large, groups of paid staff whose full-time occupation it is to do much of this work. It appears that we must make a choice: either we pay much more liberal fees for a broad professional association, or we resign ourselves to an extremely limited programme of activity. Even with the latter we could save waste of energy if we had more rigidly controlled planning. The endless chain of national-provincial correspondence has been out-grown with the sudden developments of the last few years. There need be no apology for the past, but there is great need to understand our new present. A truly democratic method for conducting our business can be found, which will provide committees so placed that the members can meet and do initial work before starting a flood of correspondence. The consultation with the larger national group should come at a later stage. Above all, could we have an over-all C.N.A. committee which would be required to advise upon every study which is suggested, before authority is given for the undertaking?

Opinion regarding the urgent needs of nursing education in Canada: At the present moment the urgent demand is that we consider our situation with calm, generous, dignified commonsense. There is no need to fly to the defence of any person, or any group, or any procedure of the past. The past is one thing, the present is another. All people on the face of the earth are having this fact forced upon them.

At present we need two groups of nurses, both made up of professional women; dignified each in its own right, and each serving its own very important purpose. A young person entering nursing could choose which group she wishes to join just as candidates choose now if entering the teaching profession. Each type of nursing preparation must differ from the other *from the very beginning*, so there could not be a common start in one course. But some way could be devised for making some allowance later for qualified members of one group to step across to the other if this is desired.

It is idle to deny that we could make a better bedside nurse in two years, *if we had complete control of the circumstances of her training*, than most schools produce now in three years. Thoroughness in basic nursing education does not depend *primarily* upon length of training: there are other factors infinitely more important. Hence we should arrange a two-year training and see what can be done with it. Some day the community may refuse to tolerate any longer our uneconomical planning and take the matter out of our hands, unless we come awake ourselves.

It is equally idle to deny that we need a fairly substantial group of nurses who should be permitted to work for a professional degree from the outset of their professional course, and this means at least a four-year course. It is quite probable that Canadian educational values are going to remain on a proper level. If so, patch-work degrees without real substance will soon be regarded for just what they are, even though excusable at times. Must we push our profession into the depths or are we going to give it a chance?

These plans need not bring harm to anyone. All present nurses would retain their standing, and all future ones could make their own choice. An elementary school teacher and a high school teacher can each respect the other; both can eat in the same dining-room and both can be called tea-

chers! Cannot nurses allow the same degree of variety?

Let us throw away our fears, our jealousies, our weak sentimentalities, and serve the crying needs of our day as we alone can do in this field of nursing. Whatever mistakes we make can be corrected as we proceed if we maintain the same spirit.

KATHLEEN RUSSELL
Convener

Registration Examinations

H. EVELYN MALLORY

When asked to introduce the subject of registration examinations, the suggestion was made that I should endeavour to promote a maximum of general discussion and avoid the presentation of a formal paper. Furthermore, as this topic appears on the program of a general session, it can be discussed only in very general terms, avoiding the more technical aspects of the subject that would interest and be of value to a specialized group such as instructors, whose work necessitates greater familiarity with the principles and techniques of examinations.

It is the responsibility of any profession to develop and maintain standards of education and of professional practice, but in endeavouring to do so, the nursing profession is faced with at least two major difficulties:

First, the difficulty of separating education and service. We tend to confuse the two even in our own thinking. At this convention suggestions have been made to establish post-graduate courses and to increase affiliations as a means of meeting the need for nursing service. Another possible example might be found in the "acceleration" of courses. I do not suggest that measures such as these should not be resorted to, if and as, they are necessary to meet emergency conditions, but I do maintain that we should try to keep our thinking straight and not confuse educational and service issues. Please note that I have said the difficulty of separating education and service, not education and practice, for directed practice is and always will be an essential part of any plan for the education of nurses.

The second obstacle encountered by the Canadian Nurses Association in its efforts to develop sound standards is one that has already been discussed in relation to Health Insurance and Placement Service, namely, the constitutional difficulties imposed by the British North America Act. Health, education, and licensing are all matters that come under the jurisdiction of provincial governments. Registration of nurses involves all three of these and cannot therefore be controlled nationally.

Though there is evidence that the younger generation of nurses is not entirely satisfied with the speed at which we move forward, still we are making some progress in the development of nursing standards. We have *admission standards* outlined in the Proposed Curriculum, including problems of age, health, education and intelligence, character and personality, and suggesting means of evaluating applicants in relation to these standards. It would be interesting to know to what extent the means of measurement now available in relation to these particular standards are actually being used. When the Proposed Curriculum was published intelligence, personality, and aptitude testing were recommended as "distinctly

helpful", but at the same time we were reminded that the use of such tests was still in the experimental stage, and for that reason not too much weight should be placed upon them. That was eight years ago, and in the interval improved methods of testing have been developed. One wonders to what extent nurses of Canada are contributing to the effort to achieve more satisfactory methods of measuring the qualifications of prospective student nurses? Standards have been drawn up for *members of the faculty* of the school of nursing, including the superintendent of nurses and the principal of the school of nursing (often but not always the same person). These also are defined in the Proposed Curriculum. The difficulty here is not one of failure to recognize such standards, as much as a woeful dearth of persons possessing the desirable qualifications.

Certain *standard facilities* are considered essential for the establishment of a school of nursing. These are apt to be expressed in terms of bed capacity of the hospital, the average number of patients, the acuteness or chronicity of illness, the variety of services, etc. The proposal to prepare a Canadian Manual of Good Hospital Nursing Service is another step forward in the development of nursing standards. This manual will outline *standards in relation to service* rather than education, but it will be equally important in the field of education since good nursing care can be taught only in situations where good nursing care is being practised.

We also have *standards for graduation*, usually interpreted in terms of (1) a definite pass mark that must be attained in examinations, and (2) a certain degree of proficiency required of the student, this proficiency being measured in a rough sort of way by a variety of so-called efficiency reports made out by head nurses and supervisors. Our methods of evaluation in this field are very far from satisfactory, but they do represent a definite and sincere effort to improve standards of nursing.

We now come to a consideration of *registration standards* and their significance for the average nurse. Schools of nursing in this country came into being because of the need for nursing service. I believe we could safely say that many hospital boards of directors still continue to regard their schools of nursing as service departments rather than educational projects. In the beginning the training (and I use the word "training" advisedly) of the nurse was a comparatively simple and inexpensive task, but since then the scope of nursing has increased greatly and gone far beyond the walls of the hospital. To teach the student nurse to give good bedside care to patients in hospital is no longer an adequate preparation for the many ramifications of nursing service which she is expected to be able to give in the community after graduation from hospital. From a one time asset the school of nursing has become an economic liability, and in good times or bad, it is not unnatural that hospital boards should try to maintain their schools at the lowest cost compatible with satisfactory service. One indication of this fact is seen in the difficulty encountered when trying to establish affiliations for the purpose of providing a broader experience for student nurses, experience of educational value to student nurse, but the provision of which would mean some loss of her service and considerable increase in cost to the hospital.

Thus, aside from public opinion which is not always dependable, we find that our provincial registration acts represent the only real control, in so far as enforcement is concerned, of the education of the nurse. Registration standards are therefore extremely important. Any bill for the registration of nurses is drawn up by nurses, and to secure its passage through the legisla-

ture requires as a rule considerable effort on the part of nurses but, as has been said before at this convention, nursing belongs to the people, and the essential purpose of any Registered Nurses' Act is to ensure to the community safe nursing care.

May I repeat, then, that registration standards are extremely important (1) for the protection of the community, and (2) because they are as yet our only means of enforcing educational standards. They represent *minimum* standards that must be recognized and met by all schools within the province. What do these standards usually include, and how are they measured? Briefly, most acts stipulate that the nurse applying for provincial registration (1) shall have reached a certain age and attained a definite standing in general education, (2) shall have graduated from an approved school of nursing, (3) shall be recommended by her school of nursing as a suitable person, and (4) shall have successfully passed her provincial R.N. examinations.

One might ask at this point what is meant by an "approved school of nursing"? Approved by whom? — and on the basis of what standards? Since we in Canada have as yet no plan for accrediting schools of nursing, an "approved school" can only mean that the school meets the minimum requirements of the Registered Nurses' Act, and that graduates from that school are therefore eligible to write provincial R. N. examinations.

To the average nurse, success in her R.N. examinations means that she has qualified to practise as a R.N. in her own province. However, as we are only too well aware, nurses tend to move about rather freely from province to province, and many of them seem to feel that one demonstration of qualification to practise should be sufficient. Because provincial standards vary any nurse going from one province to another must present to the provincial registrar sufficient evidence to establish her qualifications to practice in the new province. Nurses sometimes resent this questioning, and having to produce credentials. Sometimes a nurse fails to meet all requirements and is therefore refused registration. Very rarely, however, is she asked to write examinations a second time.

Largely because of this practice the Committee on Instruction of the Hospital and School of Nursing Section decided to make a study of registration examinations as conducted in the different provinces. "The aim and purpose of the study was to secure uniformity in examinations for nurse registration." (Quoted from the Committee's report.) You may recall the report that was given at the Canadian Nurses Association in 1942, and published in the September 1942 number of *The Canadian Nurse*. That report showed that there existed a tremendous variety in the general set-up and method of conducting examinations, as well as in the subjects on which students were examined. Since then a further study has been made and definite recommendations submitted to the provincial executives for their consideration. Many of you who are already familiar with these recommendations will recall that they have reference to the general set-up and the method of conducting examinations. Adoption of them would not remove the cause of dissatisfaction among nurses going from one province to another. What these nurses really want is a national registration which would permit them to move freely from province to province.

A study of this problem was made some years ago, but the constitutional difficulties inherent in the British North America Act proved too great an obstacle. Perhaps a somewhat different approach may achieve more satisfactory results. It is quite evident that we can't

have national registration, but it might be possible to conduct examinations on a national basis, and thereby make reciprocal registration an actual possibility and a relatively simple procedure. There would of course be difficulties, and any such scheme would require very careful planning. A national committee might be set up whose responsibility it would be to prepare examinations, to arrange for the conduct of them, and to evaluate the results. This would of course involve an expense that would probably have to be borne by those writing the examination. Furthermore, as registration is a provincial matter, provincial registration fees would still have to be paid, but nurses might be spared the cost of provincial examinations, and should find it less costly, as well as less difficult, to move from one province to another.

Any who have served on provincial examining boards know how difficult it sometimes is to reach an agreement on the content of examinations, and can imagine the task of formulating examinations that would satisfy all provinces. Requirements for admission to a national examination would need to be sufficiently high to be acceptable to all provinces, and the examinations themselves would necessarily be of a higher calibre than are most registered nurse examinations at the present time. They would need to be constructed so as to test as truly as possible what we really want to test.

The purpose of the school of nursing is to prepare qualified individuals for the professional practice of nursing on the basic level. Nurses are not expected to be specialists or to be highly skilled upon graduation, but they should be able to practise with safety and with reasonable satisfaction to those whom they serve. A high degree of skill and more mature judgment develop with experience.

Our examinations for the most part test only the student's knowledge, not her ability to apply that knowledge in actual practice. It is true that she cannot give good nursing care without sufficient knowledge, but the mere possession of knowledge is no guarantee that she can and will make use of it in varying situations. What we need therefore is to endeavour to improve our examinations in the hope of attaining tests that will more truly measure the student's ability to function as a professional nurse. The formulation of good examinations is a very difficult and time-consuming task, and a discussion of the principles and techniques involved would be out of place at this time. However, I would like to refer teachers and others interested in the problem of examinations to a little pamphlet published recently by the National League of Nursing Education. It is called "Study Guide on Evaluation; suggestion for Faculty Committees and other groups studying evaluation in Nursing", prepared by R. Louise McManus, and obtainable from the National League of Nursing Education.

Report on Publicity, 1942-44

There is no need to tell this gathering about the shortage of nurses in Canada today. You all know, many of you from experiences, that there are Canadian hospitals which have had to close entire wards or discontinue certain types of treatments because of staff shortages. A rapid review of personnel needs in public health fields shows a shortage almost as acute as

that in institutions. We need more nurses!

How are we going to get them? Where are they coming from? Some of them are coming out of retirement, out of work in industry, many are coming out of the kitchen. But the majority must come out of our schools. We need student nurse recruits to relieve the present shortage by contributing to the care of the patients in the hospitals in which they choose to train and to fill the great demand for nursing service which we know to be coming. The present demand is not just a wartime boom. The trend is toward increased hospitalization, due to the changes in our way of living and the modern trend toward purchase of professional service in practically every field. The trend in public health services points to a much fuller development requiring hundreds, literally thousands more nurses.

The Federal Government recognized the grave threat to the continued health and well-being of Canada's millions by granting financial aid to the Canadian Nurses Association for the purpose of procuring and training more nurses for nursing in Canada. Again we need more nurses!

It has never been more vital for the nursing profession to obtain a hearing from the public, particularly that portion of the public which is made up of teen-age girls, their parents and their teachers. We must arrest the attention of these prospective student nurses. We must create interest and, having created it, sustain it with well-planned continuous programs of information. We must overcome the apathy of the public, and within our own profession. We are faced with the serious competition of other professions and occupations offering easier training, shorter working hours, higher salaries.

Today nursing finds itself faced with a new challenge. As nursing has moved forward toward professional status, as it has developed into a highly skilled and scientific career for women, it has outgrown the popular conception of being merely a respectable occupation; in other words, nursing has grown by leaps and bounds, but the public's picture of nursing has remained rather static. We, the nursing profession, carry the responsibility of giving to the public the facts about present day, mid-twentieth century nursing. From this public must come the supply of nurses for tomorrow.

How, then, are we going to reach our particular public? The answer lies in the numerous media for public information which are available throughout the country today. To aid in this new field of public information, the services of a publicity counsel were engaged for the six month period July 15, 1942 to January 15, 1943 all of which has been reported upon by the National Adviser. The executive committee endorsed the recommendation on November 19, 1943 that "a program somewhat similar to that carried on previously be continued, and that the national adviser be empowered to bring in any special assistance considered necessary by the adviser and her committee". In May 1944, the services of Miss J. Mason, an account executive of the J. Walter Thompson Company Limited, Publicity Counsellors, were engaged for the twelve-month period ending April 30, 1945.

A programme of projects in keeping with the budget has been planned and includes the variety of publicity media adaptable to our specific needs, personal contact, radio, films and the printed word in its numerous and varied forms. Many of these media we have been using in our student nurse recruitment program, nationally and provincially.

The ideal form of publicity is, without doubt, word-of-mouth. If we could talk to every prospective student nurse

in the country, we would have our schools of nursing filled to overflowing. Unfortunately this is impossible. To seek out and interview personally every teen-age girl would cost an inestimable amount of money to say nothing of the time factor. Many of the provincial associations have engaged student recruitment officers or have assigned this duty to their travelling instructors, or registrar. The results are difficult to evaluate statistically in terms of individuals entering schools of nursing as a direct result, but one can see a definite awakening of interest in nursing as one speaks to the group, in the type of question asked following the talk, and in personal interviews following such group contacts. A student nurse as a speaker to high school girls is considered to be the most dynamic influence of all. She can speak in the language of the teen-age girl because she still remembers what interested her most about hospital life before she entered for her training.

Other very important groups to reach are the parents, and the teachers singly or organized. Many parents influence their daughters against nursing as a career largely because they have many erroneous ideas, or just plain old-fashioned ideas, about what nurses have to do while in training and after. Here again the student nurse can make a valuable contact as the speaker at mother-daughter affairs. For those who are unaccustomed to public speaking, we are glad to draw your attention to a *speaker's handbook* which was prepared at the beginning of this recruitment program and which has been revised this spring.

To supplement these personal contacts and follow them up, we must make use of the other avenues of story telling — the mass-media so called, namely the radio, the printed word, and motion pictures. Considering that we are most anxious to reach the teen-age girls, the newer media, radio and motion pictures, are very significant in our total program.

We have made some attempts to appeal to our potential recruits through the medium of motion pictures. You are already familiar with the series of photographs taken during 1943 which have been used in the papers and in the various pamphlets from time to time. Also you will recall the news-clip which was released at the same time. This clip is again to be made available for use throughout the provinces. Prints are being made for each province to use as they see fit for their own local need. A poster figure for use in the lobby during the showing of the clip will be sent along with the print.

We have been negotiating with the American College of Surgeons for a Canadianized version of the film on student life in hospital entitled "R.N.— Serving Mankind". We regret that we have not yet received our prints of this to show during these meetings.

Radio is the most arresting medium for spreading information, particularly to the teen-age girls. During the past biennium the records show that in each province, local radio programs were sponsored, using material prepared locally as well as that sent out by the national office.

We cannot emphasize too much the importance of radio in the recruitment of student nurses. We would encourage the local branches to supply the managers of local radio stations with items of local interest for use by the news commentators and on the women's programs as often as possible. We congratulate the associations which have so successfully obtained radio time for student nurse recruitment. It might interest you to know that Canadian nurses will have a full cover page of a coming issue of Liberty in the interest of student nurses recruitment.

Radio projects for the coming year

include ten-minute round table talks by teen-age actors. It is planned that these will be given by local talent over the local stations. It will double their appeal when thus broadcast. Also a series of fifteen minute plays in which a student is the heroine are planned. These will be written in a series but so written that they can be used as effectively singly. These will be recorded and made available through the national office.

The Department of Pensions and National Health sends spots on health topics to the national network. The Canadian Nurses Association was given this opportunity to inform the listening public about the need for more student nurses, the bursaries made available through the federal government, and the present shortage of graduate nurses. We hope you have heard some of these spots and, more important, have had your friends say that they have heard them also. The nursing profession has had the benefit of the material issued by the National Selective Service in the recent appeal for graduate nurses through posters, press, radio, and film clip.

The printed word is the most lasting medium for the dissemination of information — something that you can take home with you and mull over at your leisure and for reference. We have prepared and are preparing various types of pamphlets. "Choose Nursing as your Career", and "Canada Needs Nurses" have been widely circulated and are now out of print. "What Nursing Holds for You" has been reprinted three times giving a total of 40,000 copies — 30,000 of which are in the hands of teen-age girls — we hope! A new pamphlet to succeed these entitled "Have you got what it takes to be a Nurse?" will be off the press this month. A similar leaflet directed to the potential college student is also in preparation presenting in thumb-nail sketch form the opportunities in nursing for the college woman.

The poster is another standby in the realm of publicity. The "Stop! Look! and Listen!" poster supply has been exhausted. Replacing it, we have just received the new poster "Make Nursing Your Career". These posters are designed for display in schools, theatres, hall, stores, banks, colleges, and everywhere that parents, teachers, ministers, school-girls and their aunts and uncles are wont to congregate. There have been some very fine posters prepared and distributed within the various provinces by the provincial association.

Of all the various ways of reaching the public, the daily newspaper is the most obvious. Press releases on nursing matters tell the most people at the same time the story of our wants and wishes. The national office prepares stories of general nation-wide import for release in every province. You are all familiar with the procedure of adding the local colour to the general story. Since the beginning of the year, we have used the facilities of the Canadian Press Clipping Service to acquaint ourselves with the actual material going to the general public day by day through the daily newspapers. What are we telling the people about our profession? Where do the people get their ideas and information about nursing? Are the right things about nursing being fed to the public or do we "make the headlines" only when there is a threatened strike in one of our hospitals? It has been most enlightening to see what the editors consider "hot" news. In the first six months of this year, references on many aspects of the nursing profession have been made in the daily and weekly papers of Canada. These items include: activities of the National Office; overseas Nursing Sisters; Registered Nurses Association activities, alumnae meetings; nursing education, including references to general nursing and university

schools; industrial nursing; public health developments; health insurance as related to nursing; legislation regarding working conditions, and laws affecting nurses and nursing.

It has been most interesting to receive the special weekend editions of various city papers which have devoted whole pages or sections to hospital nursing and public health nursing as well as the general health services of the city. This is very good publicity indeed. The "Chatelaine" gave very effective spacing to a splendid article on nursing in February 1943. The "Montreal Standard" gave space in the rotogravure section using the photographs which the C.N.A. had had prepared. Further feature material in special group periodicals is being considered.

Nursing has been perhaps the most silent of the professions. It has not told about itself. It has not talked for publication. It has avoided and eluded publicity with deep-rooted consistency. Throughout its strenuous adolescence it has been as inarticulate as youth itself. But now the time for silence is over. The problem of sustaining public interest, of obtaining student nurses, is one which requires and merits the best efforts of us all. The next few years will present a great challenge to the nursing profession in Canada. We will have more work than ever to do, and we must have the trained personnel to do that work, if our answer to that challenge is to be in the best traditions of the nursing profession.

"There is a time to keep silence, and a time to speak". This is the time to speak!

ELECTA MACLENNAN
Assistant Secretary
Canadian Nurses Association

A Message from Our Nursing Sisters

Lieut-Col. D. MacRae, Matron-in-Chief, R.C.A.M.C., presented the following greetings to the general meeting from the R.C.A.M.C. Nursing Sisters overseas. It is with regret that, of necessity, this message must be written and not delivered in person. Though many of us have been away for several years, we are all still keenly interested in the activities and developments within and concerning our Associations.

The Nursing Sisters overseas feel, in common with all Canadian nurses, that our first duty lies in playing as strong a part as possible in the winning of the war. But when we do pause, as is only natural, to look to the future, our return to civilian life is a problem which we overseas cannot solve.

So it is with admiration for the Canadian Nurses Association and confidence in their able administration, that we read in the last copy we received of *The Canadian Nurse* "to show that it is thoroughly aware of the trend of the times, the Canadian Nurses Association has already appointed a Committee on Reconstruction, on which a wide and representative membership is to be assured". This assures us that our enforced isolation has been geographical only.

We realize, that by coming overseas we have done no more than our duty, but in so doing we have not lost ground professionally. We think that our experience has kept us well abreast of the times, and we hope we will return to Canada not only better nurses, but finer citizens.

We know that we are having a privilege that a great many nurses in Canada would deeply appreciate. And we acknowledge our debt of gratitude to each and every nurse who has carried on the very essential work at home. Directives have been sent to all Nursing Sisters overseas and in Canada for information regarding postwar nursing. Replies have not been received from overseas but of the ones in Canada over 50% desire further training in public health nursing.

We of the service in Canada add our good wishes to those of overseas.

Report of the Hospital and School of Nursing Section

Two executive meetings were held in Toronto but the work of the section was carried on almost entirely through correspondence. The first meeting was held in November 1942, at which time Miss Gertrude Ferguson of Ottawa was reappointed convener of publications and Miss Jennie Ives of Toronto was appointed convener of the Committee on Instruction, to commence her duties in January 1943. It was with regret that Miss Ives' resignation was accepted in September of that same year. At the second meeting of the executive in January 1944, Miss Gwladwen Jones of Toronto was appointed to succeed Miss Ives, as convener of the Committee on Instruction, for the remainder of the biennium. In the past few months this committee has been conducting a fact-finding study on the "Teaching of Drugs and Solutions and Pharmacology in Schools of Nursing".

The Section Page is now in its third year and though still in its infancy many interesting and valuable articles have been contributed. May I take this opportunity of thanking those who have given of their time and effort so generously to make this information available to the readers of *The Canadian Nurse*.

The lack of uniformity in subjects and methods of conducting provincial registration examinations led to the formation of a committee for the purpose of study. The findings of this committee were reported at the biennial meeting in 1942. Since that time suggested standards for registration examinations have been formulated and submitted to the Committee on Nursing Education for final adjustment.

From the administrative standpoint the shortage of graduate nurses continues to be a very acute problem. Married and inactive nurses have responded well to the urgent call for assistance. The many refresher courses which have been conducted at centres all over Canada have been of considerable value in the preparation and re-adjustment of these nurses to the present situation. We also are indebted to the arrangements which have been made through the General Nursing group to provide extra nurses as the need arises. Wherever it can be done the shortage of graduate nurses is being relieved by partially trained help and by voluntary aides taking over minor duties.

A satisfactory increase in student enrolment is reported from some centres whereas in others there continues to be a shortage.

The numbers and types of graduate courses have increased with the demand for experienced nurses to occupy positions of responsibility in hospitals as well as in other fields of nursing. There has been a great increase in the number of nurses taking advantage of these courses which has in many cases meant releasing them from hospital positions and again calling upon administrative genius to provide for the vacancies.

In June 1943 a special committee of the Canadian Nurses Association was appointed to deal with the question of salaries, hours of duty and working conditions in co-operation with the Canadian Hospital Council. This committee has been disbanded and all such questions are to be referred from National Office to the particular section concerned. Recommendations are to be formulated by that section and referred back to National Office for the information of others.

Health insurance and nursing service is a vital question of the day. If a Health Insurance Bill is passed how are we going to meet the situation? Realizing the demands that may be made upon nurs-

ing service in hospitals a brief questionnaire was sent out to which all but two provinces have made reply. The questionnaire dealt with the eight-hour day in schools of nursing. There is sufficient evidence to make us realize that until the present shortage of nurses is overcome and schools of nursing are endowed or hospitals receive sufficient financial assistance to provide adequate staffs, the eight-hour day is impossible for many schools, if patients are to receive adequate care. In many cases where schools have not succeeded in arranging a forty-eight hour week for the student nurses there has at least been improvement made in the hours of duty.

At the request of the Canadian Nurses Association the Hospital and School of Nursing Section is to assume the responsibility of the preparation of a Canadian Manual of the Essentials of a Good Hospital Nursing Service. This work is to be done in co-operation and jointly with the Committee on Nursing of the Canadian Hospital Council and representation from the Committee on Nursing Education.

The conditions which had imposed so many additional demands on nurses and nursing in the first years of the war have not lessened, if anything they have increased. Regardless of this fact the provincial sections have been very active and are to be commended in every way, both for their educational programs and the hospital service rendered.

MIRIAM L. GIBSON
Chairman

Manual of Essentials of a Good Hospital Nursing Service

The Hospital and School of Nursing Section of the Canadian Nurses Association has been requested to prepare a Manual of "Essentials of a Good Hospital Nursing Service", in co-operation and jointly with the Nursing Committee of the Canadian Hospital Council and with representation from the Committee on Nursing Education. The members of the committee include: Misses N. Fidler, E. McNally, M. Batson, F. MacLellan, G. Jones, and M. Gibson as convener. To date there has been no appointment made to this committee from the nursing committee of the Canadian Hospital Council.

A preliminary organization meeting was held at the Hospital for Sick Children, Toronto, on June 9, 1944. Misses N. Fidler, G. Jones and M. Gibson were present. Time being a factor it has not been possible to make more than a preliminary study of the question in hand.

The manual which was prepared in the United States and just recently revised seems to be well arranged and to cover the essentials with the exception of two main topics, the functions of nursing service and the necessary facilities for good nursing service. Since it is well recognized that there are many duties performed by the nurse that are not necessarily nursing duties, it is felt that nursing service should be classified under professional and non-professional services:

Professional services should include: (a) general basic nursing, as: mental and physical comfort, general hygiene, health teaching; (b) therapeutic treatment: treatments carried out under specific order as, medications, dressings, etc.; (c) assisting the doctor: rounds, treatments, etc.; (d) observing, reporting, recording.

Non-professional services should include: (a) certain aspects of administration and ward management: clerical duties, telephone, etc.; (b) household duties: care of linen, laundry, service rooms and other household duties, errands, care of pantry including dish washing; general cleaning and dusting of wards; (c) auxiliary services: transportation of patients, etc.

It is recommended that the group continuing the preparation of the manual should come to a decision as to whether nurses should accept these non-professional duties. If it is decided that it is in the best interests of patients and all concerned that nurses should continue to do these non-nursing duties, a study should be made to determine the relative amounts of time needed for professional and non-professional functions since this obviously influences both the amounts and types of service required.

Since it is realized that in many instances good nursing service is seriously interfered with by a lack of essential facilities, there should be a section included in the manual dealing with adequate lighting, good ventilation, basic and up-to-date equipment, facilities for frequent hand washing, facilities for ward sterilization, etc.

Adequate support from co-operating services is another essential to be given consideration, for example: the dietary department in the preparation of meals; the laundry department in maintaining an adequate supply of linen; and the housekeeping department in maintaining cleanliness of departments and wards. Many other services might be included. Although it is realized that these services do not come under the direction of nursing service it is recognized that close co-operation with them is essential to good nursing service.

A number of problems to be dealt with have been studied recently or are to be studied in the near future by other Canadian Nurses Association Committees. The results of these studies should be used by the group drawing up the manual to avoid unnecessary duplication of effort.

Manuals of nursing service have been drawn up in recent years by certain other groups, notably by the National League of Nursing Education and the American Hospital Association. While these obviously will be helpful and should be consulted, the Canadian Nurses Association Manual must be based primarily on findings of Canadian studies.

MIRIAM L. GIBSON
Convener

Report of the Publications Committee of the Hospital and School of Nursing Section

I have the honour to present the report of the Publications Committee of the Hospital and School of Nursing Section of the Canadian Nurses Association.

During the past two years, the special page in *The Canadian Nurse* has become well established and there has appeared a succession of interesting articles. There have been times when the flow of material threatened to cease, but somehow we managed to secure the aid of a contributor in time to beat the dead-line.

In addition to requests to individual nurses for suitable articles, letters were sent to the chairman of the Hospital and School of Nursing Section of each provincial association, asking that they appeal to their members to share their knowledge and experiences with others and so benefit all. To date, acknowledgments have been received from three provinces.

The subjects of the articles have been diverse, among them being the nursing care of specialties such as burns, pneumonia, and plastic surgery; teaching methods and programs; the general staff nurse; a central dressing room. The authors of these manuscripts are asked to accept our grateful thanks for their contributions.

As convener, I feel that I may be permitted to convey a special word of thanks to the members of the staff of my own hospital for their co-operation. Of the twenty articles which have appeared since the last biennial, five have been contributed by them as well as at least three articles to be found in the general part of *The Canadian Nurse*.

Once again I desire to pay special tribute to Miss Ethel Johns, editor and business manager of *The Canadian Nurse*, for her assistance, wise counsel and faith in our efforts even during critical times.

E. GERTRUDE FERGUSON
Convener

Report of the General Nursing Section

I have the honour to present the report of the General Nursing Section, Canadian Nurses Association, for the years 1942-44. Two executive meetings were held, but the work of the section has been carried on largely by correspondence and committees.

During this biennium the major activity of the general nursing section has been directed toward meeting the nursing service needs of Canada at war. We were faced with the problem of assisting hospitals to maintain a staff to meet the increased demand upon their services and at the same time supply private nursing care for critically ill patients.

Problems of large proportions resulting from habits of several years had piled up. A great many nurses selected their cases and the period of duty they would work. A fairly high percentage objected to servicing communicable disease cases, and to supplying general staff duty in hospitals. The seriousness of the situation was recognized. Certain selfish practices were not condoned by the section executive but it was felt that in the case of general staff duty, working conditions particularly influenced many nurses to refuse to supply the service. These conditions included; hours of duty, remuneration, attitudes within many hospitals which failed to recognize the status of the general staff nurse.

In the autumn of 1942, the section executive drafted a plan which they believed would establish a working basis to meet the need. In summary the recommendations contained therein proposed for private duty nurses: A minimum rest period between cases; continuous contact with the registry through which they work; abolition of bracketing while waiting for work; acceptance of all periods of duty by all physically fit nurses; the establishment of a rotation system; acceptance in their turn of a share of general staff duty in hospitals in their immediate and surrounding community for a period of at least one month with salary and hours according to regulations adopted locally; provision for married nurses to be placed on registries and bureaux for the duration under the same regulations that apply to other nurses; the development of a supplementary list of married and inactive nurses to assist with emergencies; that the custom of collecting back fees from inactive nurses entering the field be discontinued for the duration.

A working basis in supplying temporary general staff service recommended: a consecutive eight-hour day, six and a half-day week. A salary of eighty-five dollars per month with meals during duty hours and laundry, the nurse to live out if the service is supplied in her immediate centre.

This plan was approved by the executive committee of the Canadian Nurses Association. Provincial section chairmen dealt with it in their respective provinces. With the exception of Nova Scotia and Prince Edward Island there was general endorsation with very few changes. Nurses in Montreal agreed with the principle but stipulated a salary of one hundred dollars per month.

The implementation of the plan has had a very far reaching effect:

1. Private duty nurses generally accepted the challenge.
2. A large majority of hospitals cooperated.
3. It promoted improved working conditions for general staff nurses.
4. Head nurses and supervisors and indirectly benefitted by salary adjustments for first level groups in hospitals.

Commendation of this group action was expressed by many hospitals. Some

stated they would have had to close a number of wards and there is a record of one hospital that would have had to temporarily suspend all services had it not been for this plan. By the fall of 1943 most physically fit private duty nurses had provided a month or more of general staff duty. When urged to continue in this service, they complained of the inadequacy of the salary and stated they could not carry on.

It is recognized that this group had accepted a challenge and were supplying staff service at a reduction of approximately one third of their usual income. It was therefore suggested that consideration be given to adjusting the plan so that: the nurse would provide a minimum of two consecutive months of service instead of one month. An eight-hour working day exclusive of time for meals to replace the eight-hour day inclusive of time for meals. A full day off each week instead of a half day. Salary adjustments from $85 to $100 per month.

Quebec reports that the adjustment has been accepted in Montreal; Manitoba that plans are being made to offer summer relief under changed regulations; British Columbia that conditions of work are at least comparable to the plan; and Ontario that the majority of centres have introduced the change.

In some instances, section chairmen report they have not had the backing of their provincial associations to proceed with the adjustment. Nova Scotia reports the original plan is still under discussion and that they are collaborating with The Maritime Hospital Association. These are pertinent facts which cannot be overlooked.

The executive committee of the Canadian Nurses Association has approved of a six-day week and a salary of one hundred dollars per month for general staff nurses living out. It would seem to be the responsibility of provincial nurses associations to assist members of this section in making reasonable adjustments, if they approve of them trying to supply general staff service needed in the province.

The plan has not been and will not be a cure-all. Some nurses attached to our section have not co-operated in filling calls for rural hospitals, sanatoria and mental institutions. We are not proud of them but we do wish to pay tribute to the vast majority who have accepted their share of responsibility.

In places where the salary has been adjusted to one hundred dollars per month nurses are more readily accepting calls for general staff duty. A number have requested that arrangements be made for them to carry on in the service under the adjusted regulations for an additional two months. This tends toward stability.

A second development affecting members of this section is the setting up of registries and bureaux. Private duty nurses in most provinces have given considerable thought to the subject of organized placement services. Reports of the number of organized registries and bureaux according to provinces are: Alberta 2; British Columbia 1; Manitoba 2; New Brunswick 1; Nova Scotia 1; Ontario 20; Quebec 2; Saskatchewan 3. Comparing this to the report of The National Registry survey — 1940-1942 there has been a general increase of thirty per cent.

Generally the demand for nursing service exceeds the supply. Manitoba, Ontario and Saskatchewan report they are attempting to curtail private nursing for convalescent cases and direct it to acutely ill cases.

Practical nurses, nursing attendants, etc., some absorbed from the field of experience and others prepared by special training are carried on the registries in Alberta, Manitoba, Ontario and Quebec with Saskatchewan carrying a limited number. Adjustment of hours

has become effective for many groups of private duty and for general staff nurses permanently employed.

Educational programs have been successfully carried on. Nursing subjects have been presented at refresher courses arranged by local groups. Advantage has been taken of instruction given by travelling instructors employed by provincial associations. Community Nursing Registries include an annual educational programme for members.

Miss Helen Jolly, convener of the Publications Committee, and Miss Pearl Brownell, convener of the General Staff Committee, deserve commendation for their work. The problems of general staff nurses are many and similar in most provinces. Miss Jolly urges more private duty nurses to take their pens in hand and contribute live-wire articles for the section page in the *Journal*.

MADALENE M. BAKER
Chairman

Attention! Private Duty Nurses

The chairman of your section had the privilege of representing you at a meeting called by Mrs. Rex Eaton, Assistant Director of Selective Service, to discuss nursing service in our country during war time. From the discussion it was learned that many nursing needs in Canada are not being met and we, your executive, feel it our duty to place the facts before you. Among the calls not being filled are the following: the afternoon and night period of duty for private patients in hospitals and homes; general staff (general duty) in hospitals. This includes public and private hospitals located in urban and rural centres, as well as isolation hospitals, sanatoria, and mental institutions.

From a recent survey we learned that the reason these calls are not being filled is because a large number of private duty nurses select both their cases and their periods of duty. Many calls remain unfilled due to these habits. We are confident that nursing service needs in Canada will be met if every private duty nurse in every province will consider adopting the following recommendations, which we feel are fair.

Existing needs must be met. Either we will meet them under this plan of professional organization or they will be met for us under government direction. Private duty nurses are the members of the profession who have it in their power to stabilize nursing service. We have confidence in every member of our group. We know that you will wish to assume your individual share of responsibility in taking care of the health needs of our country in this time of crises, in order that we may more quickly win the war.

Recommendations: Whereas many calls for nursing service in Canada are not being filled due to circumstances heretofore stated and whereas in the opinion of your Executive Committee, all unfilled calls would be taken care of if there were to be a national adjustment of rules and regulations, the executive committee of the General Nursing Section of the Canadian Nurses Association recommends that all registries, that is bureaus, nursing registries, and those controlled by Alumnae Associations, as well as any other placement service supplying private duty nurses such as, groups of private duty nurses whose names are placed on lists in hospitals for the convenience of the hospital and the public, adopt the following recommendations:

1. That all registrants be requested to register for duty with a minimum amount of rest between cases, and that they also be requested to notify the registrar immediately when coming off a case. If a day or two of rest is requested the registrant's wishes would be respected unless an emergency arose.

2. That in centres where the custom of bracketing is established the privilege be withdrawn.

3. That all periods of duty and cases be accepted by all physically fit registrants, and

that a rotation of periods of duty for all registrants be worked out, thereby providing an equal opportunity to service all periods of duty on the rotation system.

4. That registrants be requested to accept in their turn a share of general staff duty in institutions in their immediate and surrounding community for a period not exceeding one month at any one time, unless the registrant wishes to continue doing general staff duty for a longer period of time. It has been suggested by one province that general staff duty in rural areas be for a period of three months. Salary and hours to be arranged according to regulations adopted by the registry.

5. That married nurses be accepted on the call board for the duration of the war under the same regulations that apply to other nurses, and that an auxiliary list of married and inactive nurses be established to take care of war emergencies and civilian needs in the event of shortage of nurses.

6. That the custom of collecting back fees from inactive nurses entering the field be discontinued for the duration.

7. That a small committee be appointed to study conditions in any situation where it is deemed advisable, and that they work closely with the council in taking any action deemed necessary and that this be the committee to consult with registrants regarding any matter which they might wish to bring to their attention and also to consult with the proper authorities regarding any adjustments which in their opinion seemed justifiable.

Realizing that long hours and inadequate salaries are largely the reasons for general staff duty calls going unfilled, it is recommended that private duty nurses consider supplying this temporary general staff duty on a straight eight-hour day basis at eighty-five dollars per month, plus one meal while on duty, plus laundry, with a full day off every two weeks. The nurse will live out if the duty is in her immediate centre. If the call is to service the surrounding community accommodation is usually available in the local hospital. In this case the salary for temporary duty of one month would necessarily remain the same because it is only reasonable that a room would still be maintained by the nurse in her own community. We suggest that consideration be given to striking a rate of pay for general duty which would last under a month. In one province a rate of four dollars for a straight eight-hour day has been decided upon, the nurse to take care of her own laundry. In some centres this only applies to anything under two weeks.

We ask you to stick closely to the original recommendations. Unless we think together and act together in every province we cannot expect to take care of the crisis facing us. The honor of the nursing profession rests with us. We know we can count on every one of you to carry your share of responsibility.

MADALENE BAKER
Chairman
General Nursing Section

M.L.I.C. Nursing Service

Olive Carrier (St. Mary's Hospital, Montreal) recently returned to the Mount Royal office. Miss Carrier was granted leave of absence in September 1943 to take the public health nursing course at the University of Montreal.

Octavie Prefontaine, formerly head nurse on the McGill nursing staff, Montreal, was appointed supervisor of the same staff, succeeding *Emma Rocque,* who recently was appointed provincial supervisor of Metropolitan Nursing Services in the Province of Quebec. Miss Prefontaine is a graduate of the St. Vincent de Paul Hospital, Sherbrooke, and took the public health course at the University of Montreal.

Germaine Tessier (Notre Dame Hospital, Montreal, and University of Montreal public health nursing course) was recently appointed head nurse on the Quebec City nursing staff.

Report of the Public Health Section

One of the most heartening things to report is the organization, during the last biennium, of provincial sections in each of the three Maritime Provinces. Nova Scotia got under way first in June of last year, closely followed by Prince Edward Island, and more recently by New Brunswick. Much activity has been reported from these sections and we wish them continued success.

Public health nursing has benefitted greatly from the federal grant which has been given the last two years and which is being continued this year. In addition to the many short courses for which assistance has been given, it has aided in establishing a department of nursing at the University of Manitoba. We hope it will prove to be a development of a permanent nature even though the Government Grant may not be continued for any lengthy period. In 1942, twenty-five public health nurses were given bursaries amounting to $9,270 for study in teaching and supervision or administration. In 1943 this number increased to sixty-one, and the amount awarded was proportionately increased.

Health insurance has held the interest of all, and some of the provincial sections have been active in studying it in relation to public health nursing. Those who have not been studying health insurance as a section project have had active representation on the Provincial Health Insurance Committees. Miss Edna Moore has been the representative of the National Public Health Section on the National Health Insurance Committee.

With apologies to the chairmen and secretaries of the Provincial Sections, the following is a very brief synopsis of the excellent reports which they submitted: In all provinces there has been a great expansion of public health activities. In nearly all, new districts have been opened and the staff increased. The total number of nurses reported engaged in public health is 2,337. One province did not break down their figures but based on the other provinces the division is roughly as follows: 41% in official agencies; 30% in voluntary agencies; 6% in public health clinics; 21% in industry; 3% in other branches.

There has been a great growth in industrial nursing. In two provinces, Ontario and British Columbia, the industrial nurses have organized as a subsection of the Public Health Section. This is an excellent move to bring these nurses who are doing a very specialized work, and who might otherwise feel isolated, into contact with the activities of generalized public health nursing. In British Columbia the official agencies are endeavouring to give some supervision and guidance to the nurses in industry and a very close working relationship between these nurses and the district public health nurses has been established. The industrial sub-section in British Columbia sponsored a study of industrial nursing services with a view to bringing about a greater uniformity and to making recommendations regarding the best use of existing health and welfare services.

There is noted also a trend to include follow-up of venereal disease programs in several areas. Sometimes this is done by the official agency, sometimes by the Victorian Order of Nurses and in some cases as a specialized service.

All Public Health Sections have been active. In addition to carrying on the studies initiated by the national executive, refresher courses and institutes have been held, lecture series sponsored, and special studies carried on. Two activi-

ties are especially worthy of mention. In Quebec, two standard public health nursing texts — Gardner's "The Public Health Nurse" and the N.O.P.H.N. Manual of Public Health Nursing have been translated into French through the assistance of the grant from the government. In Alberta a public health instructor has been engaged to give public health nursing lectures in all schools of nursing. This is one step towards the introduction of a 'public health nurse into the school of nursing.

LYLE CREELMAN
Chairman

Data Regarding Public Health Nursing

The accompanying tables show data assembled from the report of the analysis of findings from the Survey of Nursing made in March 1943 by the Canadian Nurses Association under the auspices of the Canadian Medical Procurement and Assignment Board.

TABLE 1

Salaries:

	Official		Voluntary	
	Range	Median	Range	Median
Director	$1450 – 3220	$2050 – 2149	$1750 – 5100	$3450 – 3549
Assistant Director	$2050 – 2449	$2050 – 2149	$1250 – 2149	$2050 – 2149
Educational Director	$1950 – 2149	$2050 – 2149	$1550 – 2249	$1850 – 1949
Supervisor	$ 850 – 2249	$1750 – 1849	$1150 – 2649	$1750 – 1849
Staff	$ 850 – 2149	$1350 – 1449	$1050 – 1949	$1450 – 1549

TABLE II

Length of vacation with pay:

	Official Agencies	Voluntary Agencies
1 week and under	7	–
1 to 2 weeks inclusive	22	1
2 to 3 weeks inclusive	35	1
1 month	35	7
More than 1 month	21	2
Total replies	120	11

TABLE III

Sick leave with pay:

	Official Agencies	Voluntary Agencies
1 week and under	2	–
1 to 2 weeks inclusive	23	6
2 to 3 weeks inclusive	23	–
1 month	10	–
Special	8	1
More than 1 month	4	1
No policy	28	1
Total replies	98	9

The majority recognize this as a beneficial policy to be followed. 25% have no policy in this regard. A larger percentage of voluntary agencies have sick leave with pay than have official agencies. There are some listed under "special" which have cumulative sick leave, both with or without a definite limit stated. In some cases the length of time with pay is dependent on the length of service.

Pensions: From 156 replies it is learned that 31 agencies have a contributory plan, 6 agencies have a non-contributory plan, 119 agencies are without any pension plan.

At the last biennial meeting in Montreal it was recommended that this section study the existing policies regarding pension schemes. From the survey we find that 75% of the agencies responding to this question have no scheme.

Use of volunteers: A report compiled by a sub-committee of the Study Committee, Public Health Nursing Section of the Canadian Public Health Association, and which was published in the December 1943 issue of *The Canadian Public Health Journal*, states that only thirty official agencies and six voluntary agencies report the use of volunteers. The official agencies of five provinces reported that no volunteers were used. The Section went on record as supporting the use of volunteers.

Decisions Reached at the Section Meeting

At the Public Health Section meeting there was considerable discussion of some suggestions which had been submitted regarding salaries and working conditions for public health nurses. It was decided that the following information should be sent out to the provincial sections to be used as a guide and that further studies of salaries and working conditions be made by the public health section.

Salaries:

(a) For staff public health nurses: that the minimum salary be $1500 per year; that there be yearly increments of $100 to a maximum salary of $2100 per year; that the initial salary for the public health nurse with experience and for the public health nurse in the one-nurse area be higher than the minimum stated above.

(b) For supervisors: that a supervisor shall be interpreted as a nurse with special preparation in supervision, who has supervisory and administrative duties and who is in charge of other nurses; that the minimum salary be $2200 per year; that there be yearly increments of $100 to a maximum salary of $2500 per year.

(c) Suggested salaries for consultants and directors to be given further study.

Working conditions:

That an adequate allowance should be made for transportation for the public health nurse who requires more than transportation to and from home; that there should be one month's annual vacation with pay in addition to the statutory holidays; that there should be an allowance of one and one-half days sick leave per month and that it be cumulative; that there should be pensions for public health nurses and further that these pensions be transferable when a nurse moves from one agency to another.

Report of the Education Committee, Public Health Section

The recommendation which was adopted at the Public Health Section meeting in Montreal in June, 1942, namely: "That staff education, including an introduction to the specific field and a well-planned program for continuous education of the staff, be considered an important part of the program of every public health nursing organization", gave the lead to an important part of the activity of this committee during the past biennium. Since it was important that very definite emphasis should be placed on

staff education, it was suggested that the provincial public health sections should attempt to stimulate through every means possible, agencies employing public haelth nurses to develop and improve their staff education program in order to promote the professional growth of their nurses and thus to give better service to the community. Accordingly an outline was compiled giving some of the possible functions of the provincial sections in promoting staff education. In this outline it was suggested that books and bibliographies should be made able through the office of the Registered Nurses Association; that agencies be supplied with a list of topics which might be studied and that the sections be prepared to supply a bibliography on any chosen subject. In addition an outline, "Staff Education in Action", giving some of the general principles and methods of staff education was sent to the sections to use as they saw fit. The national section offered to supply a suggested list of books on public health nursing which would be available for loan. This list was requested by some but not by all the provinces.

It is impossible to evaluate the results of these efforts. Staff education is a first essential in every public health nursing organization, no matter how small the staff. If more interest has been taken the project has been well worth while.

LYLE CREELMAN
Convener

REPORT OF THE COMMITTEE ON POSTWAR PLANNING

It is of particular significance that our guest speaker provided the initial stimulus for the organization of the Committee on Postwar Planning of the Canadian Nurses Association. Mrs. McWilliams, in her capacity of Chairman of the sub-committee of Women on Postwar Rehabilitation, communicated with our Association in September 1943 asking that a questionnaire be answered relating to post-war re-employment and rehabilitation of women engaged in war activities. Out of the special meeting, called for this purpose, the need for a National Committee on Postwar Planning was recognized and the following resolution passed at the meeting of the Executive Committee on November 19, 1943, brought this committee into being: "That a national committee with provincial representation be appointed to function as a committee on reconstruction, and that the personnel of the committee include those who assisted in preparing the reply to the letter received from the chairman of the sub-committee on postwar problems of women, namely Misses E. Johns, F. Munroe, E. Flanagan, M. Mathewson, E. Beith, K. Ellis, F. Walker, J. Trudel, M. Lindeburgh, with Miss Wherry, National President of the Canadian Federation of Business and Professional Women's Clubs, in an advisory capacity".

The member added to the committee was Miss E. MacLennan, of National Office. Miss M. Lindeburgh was appointed as chairman and Miss MacLennan as secretary. Provincial representatives are: Alberta, Miss I. Johnson; British Columbia, Miss A. Wright; Manitoba, Miss G. Hall; New Brunswick, Miss A. Law; Nova Scotia, Miss Ruth Morrison; Ontario, Miss E. Moore; Quebec, Rev. Sr. Lefebvre; Prince Edward Island, Miss K. MacLennan; Saskatchewan, Miss Edith Amas.

To date seven meetings have been held, and the following outcomes are herewith recorded as approved by the Executive Committee:

Objectives of the Committee

1. To study postwar needs, and to assist in determining the rôle which Canadian nurses should be prepared to play in the process of reconstruction at home and abroad.
2. To study activities and postwar plans of international and national organizations with which co-operative relationships might be established, in order that nurses may have the opportunity of participating fully in postwar work, in conjunction with other professions and agencies.

A policy was agreed upon whereby provincial associations should be free to develop their own plans, to meet respective needs, and that the national committee should act as a central clearing house, fulfilling the functions of guidance, and co-ordination. For clarity of understanding, and integration of activities, it was agreed that the National committee should make its policy known to provincial groups, and in turn, provincial associations should keep the national committee informed of their activities.

The main responsibilities upon which the committee agreed were in relation to: nurses in the Armed Forces, nurses in Canada, nurses for service in foreign fields.

Nurses in the Armed Forces

The initial steps in the plans for rehabilitation upon demobilization of nurses overseas has been made.

A questionnaire has been prepared on a co-operative basis by the committee and the Department of National Defence, through the Matron-in-Chief of the R.C.A.M.C., in order to secure from the Nursing Sisters the necessary information for the development of plans for their rehabilitation upon demobilization. The secretary has also communicated with the Matron-in-Chief of the other two Forces and they are co-operating also.

Nurses in Canada

This second responsibility will be met by assisting provincial associations to make adjustments in connection with supply, distribution, and preparation of nurses to meet increasing demands for nursing service, in all fields after the war.

In order to secure facts bearing upon the anticipated problems of re-employment, and re-training, the following approaches have been approved:

1. An inquiry into potential avenues of employment.
2. Appraisal of existing bureaux and registries to determine the value of adjustments which will be needed in order that they may be utilized effectively in a postwar plan of organization.
3. Securing facts as to opportunities and facilities for post-graduate study in universities, and in general and special hospitals.

Nurses for Service in Foreign Fields

This third responsibility demands particular attention because of the many factors to be considered in recommending nurses for service in the foreign countries.

A sub-committee of the national committee has been appointed to consider situations relating to postwar planning abroad. The personnel of this committee is E. Johns, convener, E. Flanagan, M. Mathewson, consultant, and E. MacLennan, secretary.

The committee has been fortunate in having the opportunity of meeting with Miss M. Craig, MacGeachy, Director, Welfare Division, UNRRA, and recently with Miss Lillian Johnston, Senior Public Health Nursing Officer, who is acting under the Director of the Health Division, UNRRA, Dr. Sawyer.

Miss Johnston stressed the immediate need for applicants, as plans for rehabilitation in certain European areas were already underway. The several qualifications and salary levels for nurses accepted by UNRRA for service positions, and for supervisory and administrative posts, have been set up.

All provincial associations have been notified very recently of the urgency of submitting names of nurses who meet as nearly as possible the necessary academic, professional and personal qualifications for the type of service which they are best equipped to give.

Formation of a Canadian Council under the Department of National War Services

Early this month the secretary of the Committee on Postwar Planning attended a meeting in Ottawa called by the Minister of the Department of National War Services, at which some twenty voluntary organizations were represented. The purpose of this meeting was to discuss the place of voluntary agencies in UNRRA and the advisability of setting up a Canadian committee to act as an official contact with UNRRA. At a second meeting a Council was named consisting of the representatives of the various organizations present.

The sole purpose of this Council is to provide, select and finance personnel for such services as might be required of voluntary agencies by UNRRA. At the present time professional medical, nursing, and welfare personnel are being selected and financed

directly by UNRRA, but it is anticipated that professional personnel may be requested to serve under the auspices of the voluntary agencies. For this reason it would seem most advisable that the Canadian Nurses Association should keep in close touch with this development; therefore, be it resolved that a member of the Committee on Postwar Planning, Canadian Nurses Association, be appointed to represent the C.N.A. on this National Council under the Department of National War Services.

MARION LINDEBURGH
Convener

REPORT OF THE COMMITTEE ON SUBSIDIARY NURSING GROUPS

It will be recalled that the formation of this committee was the outcome of a recommendation contained in the addendum to the Brief on Nursing Service under a Health Insurance Act, which read: "In setting up proposals for nursing under a health insurance scheme the special committee on Health Insurance and Nursing Service feels that there is an urgent need for the Canadian Nurses Association to take immediate action to consider the standards of qualifications for the subsidiary nursing groups and ways and means for their preparation, licensing and control".

It should be noted that inclusion of the subsidiary nursing group in the Draft Bill was not recommended by the Committee on Health Insurance and Nursing Service, C.N.A. However, provision for subsidiary nursing service made in the Draft Bill on Health Insurance under "Nursing Benefits" reads: "In special circumstances or for limited or special duties nursing service may be supplied by persons with such special training and experience in nursing as may be prescribed although falling short of the training and experience necessary for registration as a nurse".

The subject of the subsidiary nursing worker is one upon which there is a wide diversity of opinion especially among professional groups. It seems highly desirable that plans should be laid in each province whereby the use of such services may be made available to the public under safe and satisfactory conditions to all concerned or affected by it. The problem which we now face is how this is to be done!

As far back as 1934, at a general meeting of the Canadian Nurses Association, it was recommended: "that some immediate steps be taken to try to give direction or supervision to the subsidiary nursing group. That an immediate effort be made to form a registry in at least one place in each province with the following special characteristics: the inclusion of (a) representatives of all groups of nurses on the government board; (b) a number of various types of nurses on this registry including graduates and practical nurses."

Some provinces have taken steps to carry out the last of these recommendations. The history of attempts to establish a community nursing bureau with the assistance of the Canadian Nurses Association in at least one centre in Canada is a well-known one.

The actual experiments undertaken by provincial associations have been limited. Until some form of control is established this seems desirable. Opinions differ as to whether this control should be instituted under the registered nurses association or as independent legislation. The committee is of the opinion that this is a matter which must be determined by conditions which prevail in the respective provinces. It recommends, however, that registered nurses associations do all in their power to advise both regarding the legislation affected and the conditions under which these workers function. It must be remembered that control and guidance also presuppose support and interest which is frequently not forthcoming when the registered nurse actually makes contact with the subsidiary nursing worker.

The report, including a proposed outline of a course now presented, covers the past biennium. Assistance received from the provinces in carrying on the work of the committee

is acknowledged with appreciation. Five full meetings of the committee and several of available members have been held. At the meeting held in June 1943 representatives from nearly all the provinces attended and there was considerable discussion. The committee is greatly indebted to Miss F. H. Walker who gave much time to the preparation of the syllabus. Again, it is not the intention that this will do more than serve as a guide, subject to modifications which may seem desirable. The outline, completed by the committee and approved by the Executive Committee, C.N.A., has been prepared in mimeographed form and sent out to all provinces. Additional copies are available.

Throughout the study the committee has endeavoured to keep in touch with provincial associations and to work in collaboration with them. The findings submitted are the result of suggestions and recommendations received from provincial associations. The policy was adopted of keeping closely in touch with registered nurses associations in the provinces to keep them informed of developments and recommendations as they have been approved from time to time by the Executive Committee, C.N.A. In preparing the report, the committee has been guided by the instructions received from the Executive Committee, June 1943, namely: "That it should direct its work towards giving national advisory service, not to the preparation of fixed regulations for the provinces."

The Registered Nurses Association of Ontario has been carrying on demonstration courses in a number of centres in the province to train practical nurses for work in the community. The Registered Nurses Association of Ontario has stated that this experiment has now passed the demonstration stage. As a member of this committee, Miss Baker has afforded valuable help drawn from the practical experience she has had with her work while developing the courses in Ontario. The Registered Nurses Association of Ontario has also made recommendations covering control by legislation of the subsidiary nursing worker.

The Manitoba Association of Registered Nurses reported one experimental course which has not yet been completed. Those taking this course are now in rural hospitals obtaining practical experience. In this province also the Legislation Committee has prepared a brief for presentation to the Provincial Department of Health and Public Welfare, advocating the licensing and supervision of the subsidiary worker under that department.

Quebec reports that a plan of instruction has been prepared and that it is hoped in the near future to secure co-operation necessary for the provision of clinical experience and supervision during training. It is understood that it is the intention to work with a group already recognized in the province. The next step will be to secure legislation which will provide the right type of control and guidance for the group.

Alberta and Saskatchewan have investigated the possibility of setting up legislation to cover the subsidiary worker; the latter's proposal was to do so under the Public Health Act. In Saskatchewan certain provision is made for the training of nursing housekeepers under the Act respecting the registration of nurses, although this project was abandoned some years ago. However, further study is being given to the possibility of developing this or securing further legislation.

The Registered Nurses Association of British Columbia has sponsored a tentative bill to be administered under the provincial secretary through the Department of Hospital Administration. In preparing its report the committee has received much help from the proposed legislation in this province. As yet the bill has not been presented to the legislature.

Attention is drawn to the following resolution passed by the Executive Committee at its November 1943 meeting:

"That whereas it is known that many nurses feel that the production of nurses' aides by professional nursing organizations without protective legislation is open to criticism: therefore, be it resolved that the putting into effect of the recommendations of the C.N.A. in regard to the training of subsidiary workers by our professional nursing organizations be not encouraged in those provinces in which the work has not be initiated, and that it be not expanded in those provinces where it has begun, until protective legislation has been obtained."

This resolution was re-considered at the March 1944 meeting of the Executive Committee. After discussion it was decided that the resolution should stand, but that any

province which wished to proceed with a course should not consider itself hampered in doing so.

This report is submitted with the chairman's appreciation of the valuable assistance and support she has received from members of the committee, on whose behalf this report is signed.

KATHLEEN W. ELLIS
Chairman

Recommendations regarding Subsidiary Nursing Groups

The duties of this committee as outlined by the Executive Committee of the Canadian Nurses Association were:

1. To set up tentative standards covering the function, qualifications, preparation, licensing and control of subsidiary nursing groups under appropriate professional leadership.
2. To prepare a syllabus for the guidance of the Provincial Associations of Registered Nurses.
3. To give national advisory service rather than to set fixed regulations for the provinces.

Close contact has been maintained throughout with the provincial associations and the committee has taken into consideration their suggestions and recommendations in the preparation of the following report and findings:

The functions of the subsidiary workers are: to fill a public need and to relieve the professional nurse by caring for the non-acutely ill, well children and others who do not require highly skilled nursing care, both in hospitals and homes.

Qualifications and requirements are: It is recommended that applicants for a course in subsidiary nursing be not less than 18 years of age. It is recommended that applicants be required to submit a health certificate, including chest x-ray. Suitable references should be required.

Academic qualifications: It is recommended that the minimum academic qualification for applicants be grade 8 or the equivalent (completion of primary school education), preference being given to candidates who have completed one or two years in high school. It is suggested that young women up to twenty-five years of age should be required to have completed at least two years of high school.

Preparation: Length of course: It is recommended that this be six to nine months, including theory and practice; that two to two and a half months be spent in concentrated study and in demonstration and practice in the classroom and that the remainder of the six to nine month period be spent in the field under careful supervision.

Teaching centres and teaching personnel: It is recommended that the theoretical instruction and preliminary course be given in one or more centres under the direction of a registered nurse qualified to undertake this responsibility. Where continuous courses are being conducted, a staff of at least two suitably qualified nurses should be provided. Courses in nutrition and cookery and household management should be given by a qualified dietitian. In some centres this might be given in a technical school.

Course content: It is recommended that the subsidiary nursing workers should be taught all simple nursing procedures, including the giving of hot water bottles, simple enemata, mustard pastes and fomentations, also rules regarding the oral administration of medication, but not hypodermics, douches or nasal irrigations or treatments calling for highly skilled techniques.

Practical experience: With adequate supervision practical experience need not be restricted to an institution not connected with a hospital but the question whether subsidiary nursing workers should be trained in hospitals where schools of nursing exist is

debatable. The type of institution used for practical experience should be adapted to the needs of the group.

Financing of course: It is suggested that the cost of the course may be borne in part by fees paid by students, subsidies from the government, or other sources. Students might be required to provide their own room and board during the first instructional part of the course, or those in need of assistance might be subsidized. During experience in hospitals and homes, meals should be provided by the institutions and homes in which experience is being given.

Title: It is realized that different titles are already in use in some provinces. The title favoured by the Executive Committee is *nurses' aide*.

Licensing and control: Control of subsidiary nursing workers is felt to be essential in the interests of the public welfare and safety, and of nursing standards and of the workers themselves. Control should eventually include licensing through legislation. Provision for this may be included in the Nurses' Act or as a separate one. Coverage of those already in the field should be included. Furthermore, provision should be made for an appropriate title, interpretations necessary for the implementation of an Act, exemptions, administration of Act, advisory bodies if necessary, regulations governing preparation of worker, supervision, control and placement, financing, prohibition, penalty and appeal.

It is definitely recommended that the control of these workers be vested either in a department of the government or the provincial registered nurses association. In the cases of the former, it is recommended that a committee including representatives nominated by the provincial registered nurses association function actively in outlining and implementing regulations for preparation, guidance and control of these workers.

It is advisable that professional organizations sponsoring or initiating courses for subsidiary nursing groups should seek legal advice before doing so. This seems particularly essential if control through legislation does not exist. One legal adviser has stated that if an association is accepting responsibility for conductng a course a great deal of care should be taken in working out the agreement with subsidiary nursing workers and in obtaining a definiton of responsibilities which will protect an association from liability in case of accident resulting from action taken by one of these workers.

Later employment: Following successful completion of the course, nurses' aides should be ready for employment in hospital or home. When not on permanent institutional duty it is recommended that they be directed to identify themselves with an established professional placement service or registry. Regulations would need to be established locally regarding details of employment, hours, fees, etc., for work in both institutions and homes.

Editor's Note: Space does not permit the inclusion of the outline of a proposed course which has been developed in detail and which has been distributed to the provincial associations whence copies may be secured.

REPORT OF THE COMMITTEE ON HISTORY OF NURSING IN CANADA

In submitting this report, your Committee presents a brief review of its activities for the two year period from June 1942 to 1944. The personnel of the Committee at the present time are: Miss Jean E. Browne, Miss Jean S. Wilson, Miss Matilda Fitzgerald, vice convener, Miss Electa MacLennan, secretary, and the convener, as the "core" committee, with the conveners of the nine provincial sub-committees making up the committee as a whole.

As you will remember, at the meeting in Montreal, Miss Margaret Lawrence was presented as the prospective author of our History and had actually begun her work on the project. In September 1942, Miss Lawrence asked to be released from her contract. After conferences with her, with the presi-

dent and with The Macmillan Company, her request was granted.

When the matter was reported at the next meeting of the executive committee of the Canadian Nurses Association, the History of Nursing Committee was asked to find another writer to proceed according to the original plan. The search for an author continued with varying hopes and disappointments during the year 1943. Early in March 1944, the convener met the vice-convener and Miss Jean Browne of Toronto. The whole situation was reviewed, and after much discussion the convener was authorized to approach Mr. J. Murray Gibbon, Chief of the Publicity Department of the Canadian Pacific Railway, and author of many well known books.

Miss Wilson and Miss MacLennan, the other members of the "core" committee, agreed to this proposal, and on March 9, an appointment was secured with Mr. Gibbon and the project was explained to him. At the time, Mr. Gibbon was so involved in the completion of two books that he could not find it possible to undertake any further obligation, and the convener felt that pressure to make a decision then would have ended the matter with a refusal. It was impossible, therefore, to make a definite recommendation at the time of the meeting of the Executive Committee in March. The committee decided to bide its time, and no further approach was made until June.

The committee is happy and proud to report that Mr. Gibbon has now been persuaded to undertake the writing of our History of Nursing in Canada. This compensates for the many trials and disappointments of the last two years. A meeting was arranged between Mr. Gibbon, the president of the Canadian Nurses Association, Mr. Colin Henderson of The Macmillan Company of Canada, and the convener. As a result of that meeting, preliminaries are now under way.

There are only two conditions stipulated by Mr. Gibbon: 1. He can not begin work actively until October, but the manuscript can certainly be finished in plenty of time to ensure that the book will be published before the biennial meeting in 1946; 2. that the book must be very liberally illustrated, such as, twenty-five plates to three hundred pages of text. This feature will undoubtedly add to

MR. J. MURRAY GIBBON

the appeal of the History, but it will increase the cost of the book. In order that it may be sold at approximately $3.00, and, therefore, be more readily available to student nurses and others, the committee begs to make a further recommendation: that a sum of $500 be set aside by the Canadian Nurses Association to cover the cost of having cuts made for the extra illustrations.

This request is made without hesitation in view of the fact that in 1940 the Canadian Nurses Association authorized a grant of $50 per province to meet possible costs of typing material, making of photostat copies, etc. Not more than $75 of that total, amounting to $450, was expended and, therefore, it is hoped that this recommendation will be approved.

Your Committee wishes to emphasize that it considers the Association most fortunate in having secured the services of Mr. Gibbon.

In conclusion, the members of the "core" committee welcome this occasion of expressing their gratitude to the conveners of provincial committees for their support and patience, particularly during the past two years. They would like to add the hope that these committees will remain intact, so that further information or "local colour" may be secured, if necessary.

MARY S. MATHEWSON
Convener

REPORT OF THE LEGISLATION COMMITTEE

On December 28, 1943, owing to the resignation of Miss A. J. MacMaster, your present convener was asked to accept the convenership of the Legislation Committee of the Canadian Nurses Association. For better co-ordination a core committee, to consist of the executive staff of the National Office and the convener, was named by the executive committee at their February 1943 meeting. This core committee, in conjunction with the conveners of the provincial legislation committees, was authorised to make recommendations to the executive committee.

Two meetings of the core committee of the legislation committee have been held. The two Province of Quebec representatives were asked to attend. The action taken by the executive committee, namely, that the title of the Executive Secretary of the Canadian Nurses Association be changed to that of General Secretary as from October 1, 1943, was noted, and it was agreed that appropriate action should be taken to have this voted upon at the General Meeting in 1944.

The core committee agreed that the legislative committee, as requested by the executive committee, would undertake a study of the constitution and by-laws that call for clarification and revision. It was decided, however, that this could not be undertaken in time to present such a revision at the June 1944 meeting.

The following motion was carried:

"That inasmuch as owing to illness and later to the resignation of the chairman of the legislation committee, the work of the said Committee has not been carried on, this committee now recognises the impossibility of completing any thorough revision of the constitution and by-laws of the Canadian Nurses Association in time for presentation to the biennial meeting, 1944; it therefore recommends that the study be continued and the revision be completed for presentation to the General Meeting, 1946."

The committee would urge that each provincial committee consider this question and send in their recommendations as to changes to the executive committee at the earliest possible date.

The legal status of a core committee was questioned, as a result of which,

"The core committee of the legislation committee would recommend to the executive committee of the Canadian Nurses Association that, until further consideration can be given to the constitution of committees appointed by the executive committee, which have provincial representation, and the legal status of so-called core committees can be defined, the following procedure be adopted, —that for each committee appointed by the executive committee of the Canadian Nurses Association, when necessary, a nucleus or core committee with power to act be named, the members of the nucleus or core committee to be selected from membership within the vicinity of the convener. This nucleus, or core committee, to report by correspondence to the corresponding members named by the provincial associations."

A study of an 'all-inclusive fee' was considered by the committee. The members of the committee assumed that "professional organisations," referred to by the executive committee in the resolution passed at the February 1943 meeting, should be interpreted as the Canadian Nurses Association and the Provincial Registered Nurses Associations. It was also felt by this committee that an all-inclusive fee, to include *The Canadian Nurse*, would necessitate having the *Journal* printed in English and French. Further information is being secured in connection with this study.

A further question referred to the legislation committee by the national executive from the Registered Nurses Association of Ontario was "the possibility of committees of the Canadian Nurses Association functioning in regard to specific interests rather than through sections." Discussion of this question was deferred until more information can be secured as to the feeling of the other provinces, and it was also felt that the matter could be rightly considered in relationship to the revision of the constitution and by-laws.

The core committee also considered the membership of the Labour Relations Committee. The resolution as received from the national executive was as follows,

"That the present legislation committee, with the addition of specially qualified members of the Canadian Nurses Association sit-

uated near the national chairman of the legislation committee, act as the present Labour Relations Committee." The core committee of the legislation committee, with the approval of the president of the Canadian Nurses Association, interpreted this as authorizing them to select the additional membership referred to in order to constitute a Labour Relations Committee and proposed the names of Miss Mary Mathewson and Mlle Rocque of Montreal, and Miss Mary Macfarland of Toronto. These members have accepted.

The advisability of obtaining legal advice for the Labour Relations Committee was discussed. It was also decided that the first step taken by the Labour Relations Committee should be the receiving from each province information regarding (1) Provincial labour legislation and its relationship to nursing organisations, if any; (2) points of contact, if any, with nurses by labour unions and the names of the unions involved.

Reference was made to the fact that at the November 1943 meeting of the executive committee, Canadian Nurses Association, the executive committee had gone on record as approving the principle of collective bargaining, recommending that the national and provincial association should be the bargaining agents for nurses. It was pointed out that in provinces, if and where nurses come under the Industrial Act, this could only be done upon invitation from the groups of nurses seeking arbitration. The attached amendments to the by-laws of the Canadian Nurses Association recommended by the executive committee, to be voted on at this meeting, were approved by the legislation committee. These recommended changes in the by-laws were sent out to the provincial association on February 16, 1944.

ESTHER M. BEITH
Convener

REPORT OF THE LABOUR RELATIONS COMMITTEE

In November 1943, the executive committee of the Canadian Nurses Association appointed a Labour Relations Committee. The reasons for its appointment and its terms of reference were as follows:

The problem of the affiliation of nurses with trades and labour unions was first referred to the executive committee, by the Registered Nurses Association of Ontario, in June 1942. The new executive committee, following the general meeting in 1942, referred the matter to the Legislation Committee for study. The legislation committee sent out a questionnaire to the provinces in 1942 but felt that the information obtained was not adequate to permit the committee to present any recommendations based on these findings. The urgency of the problem was again brought to the attention of the executive committee at a meeting held in November, 1943. After discussion, the executive committee approved the principle of collective bargaining and the following resolution was passed:

Whereas the executive committee of the Canadian Nurses Association has gone on record as approving the principle of collective bargaining, and whereas the opinion of the executive committee of the Canadian Nurses Association is that the national and provincial association should be the bargaining agents for nurses; be it resolved: that a special Committee on Labour Relations be appointed to make an immediate study of the whole question in relation to the nursing profession and that a report be presented at the next meeting of the executive committee; that the provincial associations be notified forthwith of this action taken by the executive committee of the Canadian Nurses Association and their co-operation requested. That the present Legislation Committee, with the addition of specially qualified members of the Canadian Nurses Association situated near the national chairman, act as the present Labour Relations Committee.

At a meeting of the core committee of the Legislation Committee held in January 1944, and with the approval of the president of the

Canadian Nurses Association, it was agreed it would be in order for those present to appoint additional members to constitute the Labour Relations Committee and to submit these names to the whole legislation committee for endorsation. The following were proposed and later agreed to act with the legislation committee to constitute the Labour Relations Committee of the C.N.A.; Miss M. Mathewson, Mlle Rocque, Montreal, and Miss M. Macfarland, Toronto.

Mention was made of the desirability of having a representative from the Department of Labour on this committee and of obtaining legal advice. It was decided that, as a first step, information should be obtained from the provincial registered nurses associations regarding labour legislation in each province and its relationship, if any, to nursing organizations; and points of contact, if any, with nurses by labour unions and the names of unions involved.

Reference was made to the fact that at the meeting of the executive committee the opinion had been expressed that national and provincial organizations should be the bargaining agents for nurses. It was pointed out that in the provinces where nurses come under the Industrial Act this could only be done upon invitation from the groups of nurses seeking this assistance.

Letters were sent to the chairmen of the provincial legislation committees asking that information be supplied to the Labour Relations Committee on all legislation which affects, or may affect, nurses in their particular province. Replies were received from five provinces, but, in the opinion of the committee, these were incomplete for the purpose of the investigation the committee had in mind. In order to obtain further information, the committee sent a request to Miss Margaret Mackintosh, Chief of the Division of Labour Legislation, Dominion Department of Labour, asking her to meet with a small sub-committee. Miss Mackintosh came to Montreal and gave what the committee considered very valuable assistance. She recommended that each provincial Department of Labour, or its equivalent, be requested to furnish to the committee all legislation or regulations that might be applicable to nurses employed in any capacity, and in particular, copies of: Workmen's Compensation Act; Minimum Wage Laws; Acts or regulations concerning the right to organize, collective bargaining, etc.; Acts or regulations dealing with conditions of employment. Replies were received from seven provinces. Copies of Dominion Wartime Labour Relaitons Regulation P.C. 1003, February 17, 1944, and the Wartime Wages Control Order, P.C. 9384, December 9, 1943, were also received.

On April 6, 1944, the Registered Nurses Association of British Columbia sent a request to the Canadian Nurses Association to consider an amendment to the Wartime Labour Relations Regulation P.C. 1003, sent by the Association of Professional Engineers of British Columbia, to their council in Ottawa, as follows:

Where an employee is a registered member of a professional association operating under a Provincial Statute, the bargaining representative for the employees shall be appointed by the body which is empowered to administer such statute.

The Registered Nurses Association of British Columbia asked that, if deemed advisable, the Canadian Nurses Association support the proposed amendment of the Association of Professional Engineers and notify the proper department in Ottawa, to this effect. Legal opinion was sought, and the advice given was that as there was no definite action pending, there was no advantage in any action being taken by the Canadian Nurses Association at the present time. Later the lawyer informed the Canadian Nurses Association that Regulation P.C. 1003 did not apply to professional workers.

This decision brought up for discussion the question of the legal status of a nurse. Is nursing classed as a profession? It was the decision of the committee that both the national and provincial associations should take appropriate action to have the status of a nurse defined nationally and provincially.

The most urgent problems referred to the Labour Relations Committee by the provincial associations dealt with collective bargaining, labour unions, and employees associations. The executive committee of the Canadian Nurses Association has gone on record as being in favour of collective bargaining, and stated as its opinion, that the national and provincial association should be the bargain-

ing agents for nurses. It has been pointed out to the committee that collective bargaining must be between employers and employees, employees' organizations or trade unions; that the national or provincial organizations can act only if the group seeking arbitration so requests, and then they should act in an advisory capacity.

The question of affiliation with recognized labour organizations was discussed at some length. Requests have come from various provinces asking what action nurses should take in reference to employees' associations, especially civil and civic servants' associations affiliated with trade unions. These provinces also ask how such membership might affect their relationship with their professional associations. Nurses in the employment of civil and civic service associations in some provinces are, by virtue of their membership in their employees' associations, affiliated with trade unions, and, in some instances, nurses employed in industry have joined the union favoured by their fellow workers. While the committee cannot see that membership in a trade union should influence relationship with a professional organization, it feels that such an affiliation necessitates considerable study.

The Labour Relations Committee is not prepared at the present time to make any definite recommendations. For groups who are faced with immediate decision the committee is of the opinion that no nurse should become a member of an association or a trade union under conditions that might call for the stoppage of necessary nursing service, in other words, to strike. We have been advised by Miss Mackintosh that it is possible to join a trade union with special reservations necessitated by the type of service given by a profession or group.

The growth of the interest of professional workers in the trade union movement in Canada is of much more recent origin than in the United States, and, while we have subscribed to the principle of collective bargaining for nurses, and feel that nurses are and should be interested in the improvement of conditions for all workers, the committee would advise that as a profession, we move slowly, and that we take steps to educate ourselves and our profession in reference to the Canadian Labour movement. As an initial undertaking, we would recommend to all provincial associations that they study the Department of Labour of Canada publication. "The outline of trade union history in Great Britain, United States and Canada", by Margaret Mackintosh, October 1938, revised October 1942.

The Labour Relations Committee would also recommend to each province that they consider the question of nurses being included in:

1. Unemployment Insurance. It was noted that the Committee on Reconstruction for Women, under the chairmanship of Mrs. R. F. McWilliams, has recommended that nurses, teachers and other groups should be included.

2. The Workmen's Compensation Act. It was felt by this committee that the Acts and their possible application to nurses should be investigated in each province. It was noted that in some hospitals, departments of health and industries, nurses already come under these Acts.

3. Minimum Wage Acts. While in most provinces these Acts do not affect nurses, it was found that when Ordnance No. 11, 1943, The Province of Quebec, for Charitable Institutions, Hospitals and Homes, was drawn up, salaries of some nurses in the Province of Quebec were below the prescribed minimum. The committee, however, did not consider it advisable for nurses to seek to be drawn under Minimum Wage Acts.

The Committee feels that in the four months since its appointment, it has been unable to give as much time as it would have wished to the work of the committee, and would ask for a sympathetic reception of this rather indefinite report. It would also add that if the Labour Relations Committee is to determine the part which protective security legislation and organization are to play in enabling nurses to carry out effectively their service to the community, they will need the help, not only of the provincial committees, but of all members of the Canadian Nurses Association.

ESTHER M. BEITH
Chairman

REPORT OF THE EXCHANGE OF NURSES COMMITTEE

The adjustments which have taken place in the functions of this committee since its formation in 1930 reflect the conditions of our times and the adaptations which our own profession of nursing has had to make to suit changing needs. Originally the Exchange of Nurses Committee was appointed to arrange for exchanges of educational value between Canadian nurses and nurses of other English-speaking countries. In 1939 war interrupted this program, and the committee was asked to have for its objective for the duration of war the encouragement of interprovincial exchange within the Dominion. The pressing problem of meeting civilian nurse shortages and stabilizing nursing services to the fullest extent possible has not made such a program feasible during the past five years. In 1942, however, this committee undertook the task of a Selections Committee for the British Civil Nursing Reserve and this has been its main activity during the past biennium.

The Canadian government was first approached by the United Kingdom government in October, 1941, with regard to facilitation of the recruitment of nurses in Canada for the British Civil Nursing Reserve. The Canadian Nurses Association was consulted by Ottawa and agreed to cooperate to the fullest possible extent in promoting this means of assistance to Great Britain, although realizing the increasing difficulties of supplying civilian nursing service in this country. There were many details to be considered in deciding upon a satisfactory plan under which Canadian recruitment for this service could proceed. A four-way discussion by correspondence took place between the United Kingdom government, the Canadian government, the British Civil Nursing Reserve and the Canadian Nurses Association, and it was December, 1942 before the Canadian Nurses Association felt that it was possible to begin recruitment. From June, 1942, at the request of the executive committee of the Canadian Nurses Association, the sub-committee of the Exchange of Nurses Committee had assumed charge of negotiations. Final arrangements for recruitment were approved by the Executive Committee in February, 1943, and since that time a number of volunteers have either proceeded overseas or are completing final arrangements for doing so; but we are still very far short of the 300 volunteers at first suggested as the recruiting objective. The nurses are employed in various types of civilian hospitals, including hospitals for chronic patients, infectious diseases hospitals or sanatoria in either England or Wales. Mental hospitals are excluded. When accepted they undertake to serve for a minimum of one year as members of the Reserve.

Information regarding service with the British Civil Nursing Reserve has appeared from time to time in *The Canadian Nurse* and this has been the only official publicity which it has received. Because of the acute shortage of civilian nurses in Canada recruiting has been confined to:

(a) Canadians who have close relations in Great Britain and who are, or have been, registered in one of the provinces. This includes married nurses whose husbands are serving in Canada's armed forces overseas.

(b) Former residents of Great Britain, now residing in Canada or the United States of America, who are able to produce evidence of their status, as State-Registered nurses.

The maximum age limit has been set at forty-five years.

The part played by the Canadian Nurses Association in the recruitment program is that through its Selection Committee it approves the professional qualifications of nurses for the service. It does not assume further responsibility for, nor obligation toward, accepted volunteers, and all arrangements for exit from the country and travel to Britain are made through government authorities at Ottawa. Transportation expenses are paid by the British government. After arrival in Britain volunteers are responsible to the British Civil Nursing Reserve. This nursing service is under a department of the British government, the Ministry of Health, which was organized before the war to supply nurses to hospitals and health services throughout the country. Once the nurses are posted to a hospital or other service, however, they come under the control of that employing authority, subject to certain terms and conditions stipulated by the British Civil Nursing Reserve. All wear the uniform of the Reserve. Very

little correspondence has come from nurses doing this civilian service in Great Britain. However, Miss K. Watt, Chief Nursing Officer and Principal Matron, Ministry of Health, London, writes with gratitude regarding the contribution in personnel which Canadian nurses have made. Compared with the existing need we in Canada are aware that it has been pitifully small. Most of the nurses who have gone overseas with the Reserve have made good adaptations and shown a spirit of wholehearted co-operation in meeting the exigencies of the nursing service there. Applications are still coming in and it is hoped that they will continue to do so as long as the assistance of Canadian nurses is required.

Early in 1943 the Department of External Affairs, Ottawa, approached the Canadian Nurses Association on behalf of the Nurses' Association of Chile. In accordance with a resolution passed at the first Pan-American Congress of Nurses the Nurses' Association of Chile wished to offer scholarships to Canadian nurses for postgraduate study in Chile and expressed a desire for reciprocal action on the part of the Canadian Nurses Association. Through the medium of the Canadian and Chilean governments some correspondence ensued and there has been some interchange of information regarding post-graduate opportunities for nurses in the two countries. The Nurses' Association of Chile has been notified, however, that for the duration of war at least, Canadian nurses are not in a position to avail themselves of the Chilean offer. At the same time the Canadian Nurses Association, through its Exchange of Nurses Committee, has stated that it would be glad to facilitate postgraduate study in this country for Chilean nurses and has suggested that the Nurses' Association of Chile offer the proposed scholarships to selected nurses from its own membership to enable them to come to Canada.

When war ends the Exchange of Nurses Committee hopes that it may be able to resume the function for which it was originally appointed and to again encourage and promote exchanges of educational value between Canadian nurses and nurses of other English-speaking countries.

MABEL K. HOLT
Convener

REPORT OF NIGHTINGALE MEMORIAL COMMITTEE

This committee does not come directly under the jurisdiction of the Canadian Nurses Association as do other committees, but is a joint committee composed of three members of the Canadian Red Cross Society and four members of the Canadian Nurses Association, one of whom is secretary. It has been quiescent since September 1939 when the activities of the International Foundation temporarily ceased. Mrs. Maynard Carter, a member of the Board, was appointed acting chairman as the president; Miss Alexander is resident in South Africa.

All national nursing organizations affiliated with the I.C.N. are eligible for membership in the Florence Nightingale International Foundation provided they form a National Committee jointly with the Red Cross Society of their country. In explanation of this arrangement it will be remembered that from the inception in 1921 until 1934 the League of Red Cross Societies organized and entirely financed the postgraduate courses in public health and nursing education given at the University of London. When the long discussed question of a *memorial* to Florence Nightingale was officially opened at a meeting especially called by the founder of the I.C.N. at London in 1932, the recommendation to form an international foundation was referred to both of the interested international organizations and finally put into effect in 1934. At that time the League of Red Cross Societies handed all assets to the newly formed body — the F.N.I.F. — including International House, Manchester Square. As "improvement of health, prevention of disease and the mitigation of suffering throughout the world" is fundamental in the activities of the Red Cross and is included in its objects for peace or wartime, many of the national Red Cross Societies have given generously to their National Florence Nightingale Memorial Committees.

Though there has been no meeting of the Canadian Committee, the convener was fortunate in contacting the members individually and later by correspondence. She will, therefore, quote from the report submitted to the C.N.A. executive at the March meeting:

"During the past year there has been opportunity of conference with several 'old internationals' and the American national chairman. Although the members realise that there will be heavy demands on the Foundation at the cessation of hostilities and that they should be studying and giving consideration to the best type of opportunities that an International Foundation should be prepared to offer, it is recognized that until all member countries can be contacted, nothing specific in the way of professional postgraduate courses can be offered.

The question of complete re-organization of the Foundation is definitely in the minds of many members and the consensus of opinion seemed to be that in future we should not consider any specific course or even any one university but that the policy might well be that of postgraduate opportunities in any country where the specific course desired by a student is procurable (if recommended by the National Nursing Association sponsoring her), provided the course would benefit the country from which she comes and plans to return to."

Although the time does not seem opportune for a conference, there is no doubt such a conference will be necessary if the Canadian Committee is to be ready to express its opinion and give the advice that will be essential when the Foundation is again active. All members of the Canadian Committee and many of the American Committee agree that the Foundation school must be "re-born" on a very safe and progressive basis if it is to meet the health and education needs of the various countries in this changed and changing world, a world in which health will be fundamental to the countries that have suffered so much in the past five years.

GRACE M. FAIRLEY
Chairman

REPORT OF THE FLORENCE NIGHTINGALE MEMORIAL COMMITTEE, C.N.A.

I beg to submit the report of the Florence Nightingale Memorial Committee, C.N.A., for the two year period June 1, 1943 to May 31, 1944. The functions of this committee are: 1. The collection of funds through the provincial nurses association for the Endowment Fund Florence Nightingale Foundation and for the Florence Nightingale Scholarship for a member of the Canadian Nurses Association. 2. The consideration of applications for loans offered by the Canadian Nurses Association.

Florence Nightingale Memorial Fund and Scholarship:

At a meeting of the executive committee, Canadian Nurses Association, February 22, 1941, the following resolution was adopted "That for the present no further donations be requested and that the provincial associations be notified".

Financial Statement:

Bank balance, June 1, 1942	$256.54
Donation from Manitoba	213.98
Bank interest	5.06
Bond interest	150.00
Bank balance May 31, 1944	$625.58
Total assets of Fund, May 31, 1944	
Bank balance	$625.58
Dominion of Canada Bond	2,500.00
Total	$3,125.58

Loan Fund:

At the general meeting, Canadian Nurses Association, 1942, it was decided that the Canadian Nurses Association should offer loans to the extent of $2,000 annually for the next two year period.

At the executive meeting in October 1942, it was decided that the investment earnings

of the Canadian Nurses Association for the year 1942 should be used for loans and become the loan fund account; that two thousand dollars for each year of the present biennium be transferred from the general treasury to the loan fund account and that all repayments of loans be deposited to the latter account; and that the sum of one thousand dollars from cancelled applications for loans in the general treasury be also transferred to the loan fund account. At the executive meeting in February 1943 it was decided that the transfer of investment earnings to the loan fund was no longer necessary.

Financial Statement:

Grants from C.N.A. $2,000 annually	$4,000
Interests on C.N.A. investments 1942	486.75
Bank Interest	21.01
Loan repayments	5,230.70
Total receipts	$9,738.46
Loans granted, twenty-six	8,350.
Outstanding loans	5,244.09
Balance in bank, May 31, 1944	5,037.
Total assets of loan fund, May 31, 1944	$10,281.09

The committee would like to point out that the demand for loans has increased and that this increase is the result of the award of bursaries from the government grant to the Canadian Nurses Association. Many applications for loans were received after the applicants had commenced their university course on a bursary and if the loan had not been forthcoming these applicants might have had to discontinue their course. It is felt by the committee that nurses should have their financial arrangements completed before accepting a bursary.

Owing to the large sum of money now on loan it was considered wise to revise the loan forms. This was done with the advice of a lawyer and the new forms (including the application, loan agreement and guarantors form) as approved by the executive committee March 1944 are now in use. The committee feels too that the assets of the fund do not need to be further increased and that repayments should in future be sufficient to meet requests for loans. Nurses in arrears are few in number. In no case are arrears serious nor is there any indication that the loans will not be repaid. In the light of the above the following recommendations are made:

1. That applications for loans be handled by the bursary award committee.
2. That the loan fund be set at approximately $10,000.
3. That when the collection of funds for the Florence Nightingale International Foundation is resumed it be handled by the nurse members of the Canadian Florence Nightingale Memorial Committee thus doing away with one committee and avoiding the confusion caused through having the two committees with similar names.

In concluding my report I would like to thank Miss Ellis and Miss Walker for their assistance with the clerical work which has increased greatly this biennium and which has been so willingly done.

FANNY MUNROE
Convener

BRITISH NURSES RELIEF FUND

This fund functions under the National War Services. The members of the C.N.A. are to be congratulated for the excellent donations they have forwarded through the provincial associations during the past two years. Alumnae Associations, local groups of registered nurses and provincial associations have been most generous and consistent in their support to this more than worthy cause. Those of us who have worked in comparative comfort during the past five years have reason to express our gratitude in some tangible form to our sisters in Britain and elsewhere who have suffered in so many ways — ill health, wounds and loss of equipment.

Your committee has been alert to chang-

ing conditions and although several months of reasonable calm was experienced last year in Britain, immediately the serious raids began in February of this year, the C.N.A. cabled two thousand dollars, and again in May, following the news that one of the largest hospitals in London had been bombed and a wing of 2000 patients demolished, a further grant of two thousand dollars was sent. It was realised that there must have been many nurses on duty in such a large unit.

At the request of the Silver Thimble Fund — probably not a very impressive or inspiring name, but a fund that has done admirable work and is endorsed by the British Government — five thousand dollars was sent to Malta to endow a bed, preferably to be used for sick and injured nurses. Our members may be interested in knowing that the nurses of Newfoundland also endowed a bed.

At the meeting of the executive committee, C.N.A., in November 1943, following the continued "quiet" in Britain, the Fund was in such a healthy condition that the provincial associations were notified that for the present they need not raise any more money but would be notified should any emergency develop.

Probably one of the most satisfying opportunities for this committee was the assistance it was able to recommend for our own Canadian nurses who were repatriated in December 1943 from Shanghai and Hong Kong. The names of all known nurses on board the "Gripsholm" were given to the convener by the Treasury Department of the Federal Government. All of them were written to in the name of the Canadian Nurses Association to welcome them home and to enquire if they had any immediate personal need. Many of them had lost everything — all had been interned in prison camps. Fortunately relatives or organizations with which they had been working absorbed the indebtedness of the majority of them but two nurses whose health had suffered and who were unable to resume work for the present were given grants to tide them over this difficult and trying time. The letters of appreciation were so expressive of their suffering, and of their gratitude at being back in Canada. One member even sent a donation to help some other less fortunate than herself.

Miss Florence Walker was appointed secretary-treasurer of the British Nurses Relief Fund when Miss Jean Wilson retired. An audited statement is sent to the Department of National War Services each year, and any change in personnel must be endorsed by that department. Our financial statement shows a bank balance of $18,006.48 and $5000 in Dominion of Canada bonds, a total of $23,006.48.

GRACE M. FAIRLEY
Chairman

Provisional Council of University Schools and Departments of Nursing

The second annual meeting of this association was held in Winnipeg on June 26, 1944 at the Fort Garry Hotel. In the absence of the president, the vice-president, Reverend Sister Allaire, presided.

Decisions reached at the meeting included the continuance of the organization as a Provisional Council for the next two-year period. It was also decided that the executive committee, functioning as the Committee on Policies, will study general standards for university schools of nursing as a basis for future work of the Council. Two new committees are to be named; one to investigate the curricula for graduate and undergraduate university programs in hospital and school of nursing courses; the other to study all aspects of the preparation of public health nurses.

The retiring officers were re-elected to serve for the next biennium: president, Miss Kathleen W. Ellis, University of Saskatchewan, Saskatoon; vice-president, Reverend Sister Allaire, University of Montreal; secretary-treasurer, Miss Mary Mathewson, McGill School for Graduate Nurses, Montreal. The chairmen of the two study committees, with the three officers, will constitute the executive committee of the Council.

MARY S. MATHEWSON
Secretary Treasurer

Notes from the National Office

Contributed by FLORENCE H. WALKER

Assistant Secretary, The Canadian Nurses Association

The following amendments to by-laws and resolutions were adopted at the General Meeting of the Canadian Nurses Association held in Winnipeg, June 27 to 30, 1944:

Amendments to By-Laws:

1. Article VIII, Clause 1, changed to read: "Annual dues for each Federated Association shall be one dollar per capita. All dues shall be paid not later than January thirty-first of each year."

2. Article IV, Section 3, par. 2, changed to read: "At the discretion of the Executive Committee, any of the duties of the Secretary may be delegated to a General Secretary."

3. Article IV, Section 4, par. 2, changed to read: "At the discretion of the Executive Committee, any of the duties of the Treasurer may be delegated to a General Secretary."

Resolutions:

1. Be it resolved: That the kind invitation of the Registered Nurses Association of Ontario to hold the General Meeting of the Canadian Nurses Association, 1946, in Toronto, be accepted with appreciation.

2. Whereas the National Joint Committee on Enrolment of Nurses for Emergency Service in War and Disaster has ceased to function, therefore be it resolved: that this committee be dissolved.

3. Whereas at this time it is felt to be in the interests of the nursing profession and in line with its objectives that the Canadian Nurses Association should be free to affiliate with any or such national organizations as is deemed advisable; therefore be it resolved: that the resolution supporting the policy of non-affiliation with other national organizations be rescinded.

4. Whereas it has already been recommended by the Executive Committee, Canadian Nurses Association, that the whole policy governing the Mary Agnes Snively Memorial Award, be revised; therefore be it resolved: that the present policy of the Association, governing the award be discontinued, and that in future the Mary Agnes Snively Memorial take the form of a memorial lecture to be given at the time of the General Meeting, and that this be printed and circulated so that it may reach every member of the Association.

5. Whereas the Canadian Nurses Association recognizes the need of strengthening the spirit of understanding and goodwill which exists between Canada and China, and whereas it has been demonstrated that such understanding and goodwill are promoted by exchange of students between countries, and in the history of China particularly by exchange of medical students, and whereas the Canadian Medical Association has gone on record, by resolution sent to the

Prime Minister of Canada, requesting governmental support for the training of medical personnel to meet China's health needs; therefore be it resolved: that the Canadian Nurses Association request the assistance of the Federal Government in offering post-graduate courses to Chinese nurses, and that the Canadian Nurses Association approve the exchange of nurses between China and Canada.

6. Whereas it has been brought to the attention of the Executive of the Canadian Nurses Association that certain racial discriminations are practised in some Canadian schools of nursing; therefore be it resolved: that the Canadian Nurses Association at this twenty-second Biennial Convention held in Winnipeg in 1944, reaffirm its policy to support the principle that there be no racial discrimination in the selection of students into schools of nursing.

7. Whereas the stresses and strains of war have aggravated the already serious situation in regard to the control of venereal diseases in Canada, and whereas the recognized leaders in this field have made preparations for a national campaign of education and extension of diagnostic and treatment services in order to rid this country of the venereal diseases, and whereas registered nurses in all fields of service can and should play an important part in this work of vital importance to the health and happiness of the people of Canada; therefore be it resolved: that the Canadian Nurses Association pledge itself to do anything within its power to promote the forthcoming campaign.

8. Whereas it has been announced that the proposed department of the government which is to be known as the Department of Social Welfare is to be responsible for the administration of those functions in the field of public health which are under the Health Branch of the Department of Pensions and National Health and whereas the Department of Pensions and National Health will cease to exist, and whereas public health and medical services are fundamental to social security, and whereas the Canadian Medical Association and the Canadian Public Health Association have gone on record as requesting that a Department of Health be maintained; therefore be it resolved: that the Canadian Nurses Association urge the government in their reorganization of departments to retain a Department of Health, or if not of health alone, a Department of Health and Social Welfare.

9. Whereas it is realized that under war conditions heavy responsibilities rest upon industrial management, and whereas the relationship of manpower to production and the significance of health in the maintenance of sustained output are recognized; therefore be it resolved: that the Canadian Nurses Association express appreciation of the splendid achievements on the part of Canadian industry, and offer to its leaders, through the Canadian Manufacturers' Association and any other appropriate national organization, co-operation in their efforts toward the promotion of health.

10. Whereas the Canadian Nurses Association feels it is most fitting that a motion of special recognition of Miss Smellie's accomplishments as Matron-in-Chief be recorded; therefore be it resolved: that a resolution of appreciation be included in the minutes of this meeting, and a copy forwarded to Miss Smellie.

It is superfluous to dwell on how highly Miss Smellie is regarded throughout Canada. This has been shown by the many honours, both civil and military, which have been bestowed upon her, not the least of which was her pro-

motion to the rank of full Colonel. Through Miss Smellie has come honour to Canadian nurses and Canadian nursing, of which the profession is justly proud.

11. Whereas the Executive and members of the Canadian Nurses Association note with regret the retirement of Miss Jean Wilson, who for many years served the Association as executive secretary, and are mindful of the kindly and gracious personality which she brought to the efficient accomplishment of heavy tasks; therefore be it resolved: that the Canadian Nurses Association record its sincere appreciation and express the hope that her years of retirement will be full of happiness.

12. Whereas it has been announced that Miss Ethel Johns will shortly be relinquishing her present duties after long and distinguished service as editor and business manager of *The Canadian Nurse*, and whereas under her efficient direction the *Journal* has reached its present high standard; therefore be it resolved: that this Association record its deep appreciation of this and other outstanding contributions to nursing in Canada, and express its pride in her achievements in international nursing.

13. Whereas it is desired to give full recognition to the invaluable services which Miss K. W. Ellis has rendered to the Canadian Nurses Association in her capacity as emergency nursing adviser and general secretary and national adviser in national office; therefore be it resolved: that members of the Executive Committee and of the Canadian Nurses Association place on record their sincere appreciation of her untiring efforts in helping the Canadian Nurses Association to meet wartime problems, the results of which will prove of lasting value to nurses and nursing in Canada.

14. Whereas it has been brought to the attention of the Canadian Nurses Association that hospital uniforms are being worn altogether too promiscuously outside hospital bounds, and whereas for hygienic reasons this is not thought to be in the best interests of the patients; therefore be it resolved that nurses as a whole co-operate to curb this tendency.

COMMITTEE ON CHANGE IN POLICY, MARY AGNES SNIVELY MEMORIAL AWARD

At the meeting of the Executive Committee, Canadian Nurses Association, held March 11, 1944, the following resolution was passed: "Whereas it has already been recommended by the Executive Committee, Canadian Nurses Association, that the whole policy governing the Mary Agnes Snively Memorial Award be revised: therefore, be it resolved: that a committee consisting of the convener of the Committee on Nursing Education and the chairmen of the three national Sections be appointed to revise the present policy of the award and to bring in recommendations regarding this to the next meeting of the Executive Committee."

As the chairman of the Committee on Nursing Education was named first, Miss E. K. Russell was asked to convene this committee. However, Miss Russell stated that she was unable to function as convener, but suggested that the opinions of members named to the committee should be summarized and presented for consideration at this meeting.

The following information and suggestions were included in a letter sent to Miss Russell and the chairmen of the three sections:

1. That while the above-mentioned resolution was formulated at the last meeting of the

Executive Committee, it will be recalled that the revision of the whole policy governing the Mary Agnes Snively Memorial Award has been under consideration for some time.

2. That many nurses, including the recipients, have felt that the award should take a form less isolated and more practical than the recognition of individual contributions, although the tribute paid to the nurses to whom the awards have been made has been most heartily endorsed on all occasions.

3. That the amount of money set aside for the award is a bond of $2,000 paying 4½% interest each year.

4. The suggestion has been made that the most appropriate memorial to Miss Snively might be one from which the group as a whole could benefit. This might take the form of a memorial lecture by a noted speaker or specialist, to be arranged at the time of the general meeting. It is interesting to note that a memorial similar to this has recently been established at McGill in memory of Dr. Grant Fleming. The sum at present set aside might not be sufficient to permit of such a project, but it is felt that the suggestion might be worth considering. In replying the convener of the Committee on Nursing Education and the chairmen of the three Sections declared themselves in favour of the establishment of a memorial lecture as one suggestion. Other suggestions included: some form of recognition of an outstanding piece of work by a group or organization; the establishment of a memorial library.

KATHLEEN W. ELLIS
General Secretary
Canadian Nurses Association

REPORT OF COMMITTEE ON PLACEMENT BUREAUX

The National Committee on Placement Bureaux was organized at the beginning of the year. The function of the committee is stated in a recommendation adopted at the November meeting of the Executive Committee, which reads in part:

That a committee be appointed to study and bring in to the next executive meeting recommendations regarding ways and means of coordinating Provincial Placement Bureaux with National Office.

The members of the committee, in addition to the chairman, are:

Miss K. W. Ellis, General Secretary, C.N.A.; Mrs. M. Botsford, Assistant Executive Secretary, M.A.R.N.; Miss M. Jenkins, President, R.N.A.N.S.

The acute shortage of nurses, inequalities in distribution, and migration of nurses from position to position are major problems in nursing to-day. Placement service cannot solve all these problems but it can do much to alleviate them. It cannot increase the number of nurses in a community but it can, by promoting or supporting temporary staff relief plans, increase the number of nurses available. It cannot equalize distribution but even without directive control it can effect some improvement here. It is, however, in the realm of stabilization of nursing service that placement has most to offer. Accumulating detailed information concerning the work and working conditions in hospitals or agencies requiring nurses and information concerning nurses who enrol, together with all the techniques which combined are called "counseling", should and does result in the placement of nurses in positions best suited to their personal and professional abilities and desires. Nurses so placed will surely be more content than those whose selection of work has been haphazard and often misguided.

This committee has been fortunate in obtaining data concerning existing bureaux and registries from National Office. An analysis of this information shows the following:

In all provinces are found one or more private duty registries. With the exception of a few, these registries have been organized and are administered by local nurses' associations and financial support is secured by fees paid by the nurses using the registries. Of the thirty-four registries listed, all but nine enrol practical nurses. Annual fees range from five to fifteen dollars, with smaller

fees for practical nurses. Placement service is in operation in two provinces, in both on a provincial basis. In one, two regional branches are conducted and operated as private duty directories. In the other province the registries are independent of placement service.

The members of this committee have had only one opportunity to meet and confer. In considering the specific function of the committee and the existing situation, a number of proposals were considered. There was general agreement that the appointment of a national coordinator or consultant would be of great value. This appointee should have an opportunity to study placement bureaux in this and other countries and be prepared to assist the provinces in organizing placement bureaux and to serve in an advisory capacity to those already organized. An alternative might be a coordinating committee with similar functions. This committee is not at this time prepared to make recommendations.

ALICE WRIGHT
Convener

Editor's Note: We regret that the address which Miss Anna L. Tittman gave on "Organization and Function of a Nurse Placement Service" was not received in time to be included in this issue. We shall present it in an early issue.

Ontario Public Health Nursing Service

Thelma Green (Toronto General Hospital and University of Toronto public health nursing course) has been appointed to the staff of the Ontario Department of Hygiene as supervisor of nurses, Civil Service Health Centre.

Alice Nicolle (B.Sc. Columbia University, Presbyterian Hospital, Philadelphia, and public health nursing, McGill University) has been appointed to the staff of the Ontario Department of Health as educational supervisor.

Isabel Price (Toronto General Hospital and University of Toronto public health course) has resigned her position as school nurse at Welland to accept an appointment with the Lincoln County School Health Unit.

Mrs. Elizabeth Park (Hamilton General Hospital and University of Toronto public health nursing course) has been appointed public health nurse at Dundas.

Mildred Jarvis (St. Catharines General Hospital and University of Toronto public health nursing course) has been appointed senior nurse in the Peel County School Health Unit. *Mary Minty* (Hospital for Sick Children, Toronto, and School of Social Work, public health nursing course, Philadelphia) and *Susan Scales* (Guelph General Hospital and public health course, University of Western Ontario) have been appointed staff nurses in the same Unit.

Gertrude Finnemore (Women's College Hospital and University of Toronto public health nursing course) has been appointed public health nurse at Oakville.

Harriett Rose Huston (Victoria Hospital, London, and public health nursing course, University of Western Ontario) has been promoted to the position of senior public health nurse at St. Thomas.

Mrs. F. D. Mayo (Eileen Joan Dymond) (Calgary General Hospital and University of Toronto public health nursing course) has been appointed staff nurse in York Township.

Elizabeth Layton (Royal Alexandra Hospital, Edmonton, and University of Toronto public health nursing course) has accepted an appointment with the East York Public Health Unit.

Jean McWilliams (Brantford General Hospital and University of Toronto public health nursing course) has resigned her position with the Toronto Department of Health to accept an appointment with the Department of Public Health, Brantford.

Marjorie Grieve (Victoria Hospital, London, and public health nursing course, University of Western Ontario) has been ap-

pointed public health nurse with Oxford County School Health Service.

Olga Stewart has been promoted to be senior school nurse at Owen Sound.

Mrs. L. C. Rutherford (Montreal General Hospital and University of Toronto public health nursing course) has been appointed school nurse with the Ottawa Collegiate Board.

Dorothy Purdon (Ross Memorial Hospital, Lindsay, and University of Toronto public health nursing course) and *Olive Carlisle* (Ontario Hospital, New Toronto, and University of Toronto public health nursing course) have been appointed as staff nurses with the Simcoe County School Health Service.

Evelyn Lawrence (Toronto Western Hospital and University of Toronto public health nursing course) and *Catherine Forbes* (Toronto Western Hospital and University of Toronto public health nursing course) have accepted appointments with the United Counties Board of Health, Cornwall.

Margaret Lamond has resigned the position of senior public health nurse at St.

Victorian Order of Nurses for Canada

The following are the staff appointments to, and resignations from the Victorian Order of Nurses for Canada:

Vera Clark and *Ruth Coldham*, who have been on leave of absence with scholarships from the Victorian Order and have completed the course in public health nursing at McGill University, have been appointed as nurse-in-charge of the Newcastle Branch and the North Bay Branch respectively.

Dorothy Fullerton, a graduate of the Moncton Hospital and of the course in public health nursing, McGill University, has been appointed to the Pictou staff.

Therese LaFramboise, a graduate of Hospital St. Charles, St. Hyacinthe, P.Q. and of the public health nursing course of the University of Montreal, has been re-appointed to the staff of the Border Cities Branch.

Eileen Hennessy, a graduate of St. Joseph's Hospital, Hamilton, and of the course in public health nursing University of Toronto, has been re-appointed to the Hamilton staff.

Annie Fentiman, a graduate of St. Paul's Hospital, Saskatoon, and who took the course in public health nursing, University of British Columbia, has been appointed to the staff of the Burnaby Branch.

Nina Savage, a graduate of the University of Alberta Hospital, Edmonton, with Bachelor of Science in Nursing at the University of Alberta, has been appointed to the Edmonton staff.

Geneva Cuthbertson, a graduate of the Sarnia General Hospital and of the course in public health nursing, University of Toronto, has been appointed to the staff of the St. Catharines Branch.

Olivette Roy, a graduate of St. Vincent de Paul General Hospital, Sherbrooke, has been appointed temporarily to the staff of the Cornwall Branch.

Mrs. Mary Hill, a graduate of Rhode Island Hospital, Providence, Rhode Island, has been re-appointed to the position of nurse-in-charge of the Canso Branch.

Marjorie Beach, a graduate of the Ottawa Civic Hospital, has been appointed temporarily to the staff of the Halifax Branch.

Jean MacLure Hill, B.A., a graduate of the Royal Victoria Hospital, Montreal, and of the public health nursing course, McGill University, has been appointed to the staff of the Halifax Branch.

Leora Wright, who has been nurse-in-charge of the Elphinstone Branch, has resigned to do other work.

Madeline Herbert has resigned from the Toronto Branch to take up other work.

Mabel Hardie, who has been a member of the London Branch, has resigned to take up other work.

Julia Meyer, who has been temporarily nurse-in-charge of the North Bay Branch, has resigned to do other work.

Margaret Hardy has resigned from the Hamilton Branch to do industrial nursing.

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The office faces one of our few painting, that of a gay blossoming apple tree, and everyone passes by our glass-windowed partition — the door being on the side. The other day, one little fellow asked his father how the people ever got in there, his eyes fairly popping out the while. And yet we do need to see everything because there are so many details that go to make a hospital office a smothly running one. Our own duties include admissions, discharges, talks with doctors, other hospitals, family case workers, and all that these entail.

These are worrisome days, but also days of relative prosperity and everyone wants the best. We could fill our private and semi-private rooms two or three times over and still have a waiting list. We were quite encouraged the other day when we heard that thirty names graced one waiting list and that fifty-eight people were waiting on another — all desiring a room of their own. Day after day, to have to say "nothing available yet" is difficult and requires tact and unfailing courtesy, for we hate to refuse people, especially doctors, who have always been good friends of ours. But one bed for one patient is all we can provide and we sometimes wonder if there is an idea that our private floors are two-deckered affairs, like those which are being planned on the very latest railway trains.

We spend many weary hours trying to convince people that convalescence must have limitations, and that we are not a "chronic" hospital — sad as we feel to see people leaving us to go home, where care cannot be so continuous nor so skilled. Not once, but ten times a day, do families want to place their aged relatives with us, with or without medical sanction, and we must explain to them just why we cannot look after them for the rest of their lives. Very often, nowadays, it is not a question of money. "We can pay well" is the constant refrain, or "what can I do, my mother is old and we all go out to work?" Father Flanagan said so aptly: "Who is there at home to look after the children?" and we reiterate "Who is there at home to look after these older children whom nobody wants?"

This sounds a bit as if we had all older people in our hospital, but if you could see the young ones surge down at canteen time, you'd quickly revise that opinion. Then, they all seem to be young. We always try and find out ages before we take in patients, because not only the old are problems but also the very young. They are not suited to our wards, they hear too much not meant for young ears, or find the olders ones fussy. Two brave young lads staged a pillow fight, after the lights went out, which was neither conducive to restfulness nor helpful for the linen supply. The pillow slips were in ribbons, and all housekeepers realize what a crime that is in these times of limited supplies. Occasionally, however, we feel we have to take in a sick boy or girl either as a ward of the Juvenile Court, or because of poor home conditions, or because the mother is still in hospital, or because the social agency can't take a chance on their going home. But these adolescents we talk over very carefully before admis-

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sion. We try to admit patients between two and five in the afternoon because that gives them time to adjust before night falls. We can get their diets straightened out before the trays come up, and also we have more nurses on duty.

Our vantage point in the front hall permits us to see whoever comes in and, in case of emergency, a doctor's coat and hat on our hall-stand. Doctors being what they are, and we being without one ourselves, this has assured help at once and saved us an anxious hour.

Much time is taken up talking to medical social workers who, like ourselves, have very busy days. "What is best for Mrs. Smith, should she go home to her children, or, stay awhile longer?" "Should a middle-aged woman be encouraged to get out and start looking for work, and thus gradually find her place in the community again?" These are questions that come up every day, for there are times when longer convalescence is vital and other times when it must be curtailed.

Some days, one patient has to wait while an ambulance disgorges another. Sometimes two stretchers adorn our hall besides crutches, wheel-chairs and bags, till you wonder if the town is being evacuated. But the ambulance drivers are patient souls, and wait for our one lone carrier, perhaps buying a chocolate bar or a package of cigarettes the while. Wheel chair traffic is queer. The men, if at all able to navigate on their own, just disdain them; the women are more inclined to patronize them. The long trip from the hospital and the tiresome wait for taxis makes the wheel chair quite a comfort. More than one patient has wanted to take one home. Arranging for attendance at clinics is another daily feature in the admitting office. Our station wagon holds just so many and, human nature being what it is, it's quite marvelous how no one, even though very young, can take a street car in the morning, no matter how active he or she had been the day before.

All this gives a faint idea of how the days are filled in an admitting office. Never a dull moment. No day is without its touch of humour, of sadness, of pathos and of the feeling "if there were only *some* way in which we could extend our walls to help more people get well quicker, or make the path a little easier for those whose days are not to be so long".

Obituaries

Dame Alicia Lloyd Still, who was president of the International Council of Nurses during 1933-37, passed away in July 1944.

Barbara Campbell, a graduate of the School of Nursing, Royal Victoria Hospital, Montreal, class of 1919, died recently in Montreal. Miss Campbell had held positions as head nurse, supervisor of the private pavilion and assistant night supervisor at Royal Victoria Hospital. She was a valued member of the staff and active in the alumnae association.

Adah H. Patterson who died recently in Vancouver, B. C. was a native of Ontario. She graduated from Johns Hopkins Hospital in 1892 and was for some time a head nurse there, serving later on the staff of Royal Victoria Hospital, Montreal, and the Winnipeg General Hospital. During the first world war, she served with the American Red Cross. She retired from active work in 1925, though her interest in nursing affairs continued throghout her life.

Nora E. Nagle died very recently in Montreal. A 1916 graduate of the Royal Victoria Hospital and of Columbia University, Miss Nagle has held many important positions in Canada and the United States. At the time of her death, she was in charge of the teaching department at St. Mary's Hospital, Montreal. Miss Nagle's greatest pleasure was derived from her close contact with student nurses to whom she was a wise counsellor and friend.

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How High is your Telephone I.Q?

Someone has calculated that, in the making of a bomber, 12,000 telephone calls are involved; in making a corvette, the number is 50,000; and for a merchant ship, 63,000. When we think of Canada's vast war production schedule, it is easy to imagine why we need to reduce civilian telephone traffic to make way for their great volume of important war calls. What is *your* telephone I.Q.?

Do you speak close to the mouthpiece, with lips a quarter of an inch away?

Are you in the habit of limiting your calls to a few minutes' duration?

Do you answer with your name or do you greet your caller with a meaningless "hello?"

If the call is for some other person, do you offer to take the name and number, and then do you write down these details?

When you are uncertain of the number, do you take a chance or do you consult the directory first?

If the person you call does not answer immediately, do you allow her adequate time to reach the telephone?

Do you ever call "Information" unnecessarily? (More than half of such calls are for numbers listed in the book.)

Do you always listen for the dial tone and dial each digit carefully?

If you are on a party-line, do you cooperate to the fullest extent so that the other subscriber is satisfied with the service?

Help for the Handicapped

Ten points to remember, in helping patients deformed or crippled by war injuries to regain emotional stability and "focus attention on what is left instead of on what is lost", are listed by Major Walter E. Barton in the February issue of *Public Health Nursing*:

1. Preserve an attitude of normality. The disabled person should be treated as though there is nothing intrinsically different about him as a result of his handicap.

2. Be natural. A natural manner that one would bring to a normal person is all that is necessary.

3. Face the reality of the disability. Create within the patient a willingness to face the fact of his limitation.

4. Ignore the deformity. Let no horror or sorrow appear in the face or manner of the person in contact with the deformity.

5. Reassure the handicapped. Help the soldier concentrate on the determination to get well and on the determination to overcome the loss.

6. Restore his faith in his ability. The martyr's attitude may be noble but it doesn't bring much happiness to the individual.

7. Continue social living. Encourage the patient to resume social contacts after he returns to his own home.

8. Give the patient a job to do. Work is associated in our minds with health.

9. Keep a balance in life. In order to maintain mental health, some work, some play, some rest should be a part of every day.

10. Stress the importance of beauty of spirit. The handicapped person who has overcome his disability carries a great message to those who feel overburdened by life's many tribulations.

The Electron Microscope

Few scientific inventions have found such practical and useful applications as has the electron microscope. In a short period of less than ten years, the instrument has evolved from an experimental device to a practical laboratory tool. This accelerated development may be traced from the original electrical lenses by Bush in 1926, followed by the work of many people, in which Professor E. H. Burton of the University of Toronto played a prominent part. Is this

the "magic eye" that medical scientists need to see the unseen and to guide them in their fight against the worst plagues and deadliest killers of mankind? Is this the tool needed to find the causes of cancer, to study and find more efficient ways of combatting the common cold, influenza, pneumonia and all the ills that menace the lives of men?

The electron microscope now in use by research laboratories was developed by R.C.A. Victor engineers and permits magnifications fifty times greater than is possible with optical instruments, because electrons — infinitesimal bits of electricity — are used in place of light rays. With this instrument, a blood corpuscle may be enlarged to the size of a two-foot pillow; a human hair to the size of a giant California redwood tree. Now, the development of the new high-powered microscope makes it possible for the electronic "eye" to penetrate objects two to three times as thick as heretofore. Since the discovery that light was a periodic motion, it has been shown that the limit of resolving power of any microscope was a function of the wave length of the illumination used. When a particle becomes smaller than the wave length of the illumination, the waves are not intercepted and consequently no image is seen. Similarly, if two particles, sufficiently large to be seen, approach each other until the spacing becomes less than a wave length, the information that they exist as separate entities is lost. With the advent of the electron lenses, and the discovery that electrons also had a periodic motion, it was only a logical conclusion to apply these electrons as a source of illumination, instead of the usual light source.

The gain in resolving power, that is the ability to detect and isolate the particles or detail, approaches fifty to one thousand times better in the electron microscope than that of the light microscope. Furthermore the electrical lenses

VITAMINS ALONE MAY NOT BE ADEQUATE

The current popularization of the importance of vitamins, though true in most respects, may prove harmful because of the decreased emphasis placed upon other essential nutrients. A good nutritional state can be achieved only by satisfying *all* nutritional requirements, not merely vitamins, but minerals and proteins as well.

A food supplement in the literal sense of the word, Ovaltine is a balanced mixture of nutrients which provides virtually all metabolic essentials. When taken three times daily with the average diet, it makes good the deficiencies usually encountered, and converts the total daily intake to nutritionally satisfying levels. Thus a state of optimum nutrition can be attained, one in which not only vitamin requirements are met, but also mineral, protein, and caloric requirements are satisfied. This delicious food drink appeals to patients of all ages, young and old, and is usually taken with relish, even over prolonged periods.

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have the inherent properties of having the tremendously greater focus in depth, so that a much thicker particle may be studied with all planes in focus. The elements of the electron microscope are directly analagous to the light microscope, in that they consist of a source of illumination, condensing lenses, objective and projective lenses, with the exception that all of these features are electrical, instead of glass. In operation, the instruments differ considerably.

The electron microscope is playing a tremendously important role in this war. By helping to improve the productivity of industry and the quality of the arms for our fighting forces, it is hastening the day of victory. When peace is won, the electron microscope not only can help medical science to new discoveries, it can help agriculture to combat plant diseases and increase the value of crops. In the food industry, it can help discover new values in foods, help analyze food differences, aid in the study of diet. For manufacturing, too, it offers an opportunity to control processes with a new degree of precision and to produce better products. For chemistry it will mean continued advance in the creation of such products as nylon, rayon, synthetic rubber and plastics.

Letters to the Editor

Editor's Note: One of our youthful subscribers wrote us her impressions of the convention. While space will not permit reproducing her letter in its entirety, you will enjoy her sprightly description of the things she saw and heard:

Sunday was a day of rest and sightseeing for most. The churches which had been pointed out by members of the welcoming committee the day before were attended by some of our number. All that remains of old Fort Garry was admired and photographed from every angle. Visiting nurses hustling across Portage Avenue wished this old Indian trail hadn't grown quite so wide. All were called upon by the local residents to admire the trees; was ever another town so proud of its trees!

Monday, the Fort Garry was invaded, not only by a couple of hundred guests, but also by dolls, laboratory equipment and, among the more animate objects, goldfish, for Monday was, although you will not find it recorded on the program, putting-up-exhibits day. The goldfish, we regret to advise, were unable to stand the strain of convention life, and, before the week was up, they had sacrificed their lives to science and been disposed of by Grace Spice in a place that shall be nameless. All day Monday the hammering in the Fort Garry's erstwhile Ball Room went on, and on Tuesday morning, when the convention officially opened, the exhibits were something to be proud of. The *pièce de resistance*, occupying the very centre of the Ball Room floor, was a mammoth exhibit, born in the minds of members of the arrangements committee and sold by them to four Winnipeg firms, depicting, in picture and story, four leading Manitoba industries. Many of the provincial and industrial exhibits should have individual mention, but the author of this letter must hurry on and get 469 nurses registered.

Eventually, in spite of everything, all, or nearly all, of the nurses were registered, and the twenty-second biennial of the Canadian Nurses Association was officially opened by the Reverend Canon George Calvert, following whose invocation several delegates were heard to remark that they wished they hadn't laid in bed so late on Sunday morning.

On Wednesday morning the three Sections met concurrently under the leadership of

chairmen Gibson, Baker and Creelman, who incidentally, displayed talents other than administrative during convention week. On Thursday morning all three were interviewed for the edification of radio listeners, and so huge was their success that only consideration of the already serious shortage of nurses kept them from signing radio contracts before leaving the studio.

Anna Schwarzenberg's Wednesday afternoon address on Reviving International Relationships was broadcast live from the convention hall, and, although Miss Schwarzenberg, as executive secretary of the International Council of Nurses, spoke specifically about the reviving of international relationships in the nursing profession, telephone calls made by radio listeners to the broadcasting studio following her address testified to the awakening interest of the general public in nursing problems.

A secret that was well kept, and bouquets to those who knew all the time and didn't tell, was an item which appeared on the program under the rather grim heading "History of Nursing in Canada, a Report". The item which appeared, in real flesh and blood, was Mr. Murray Gibbon, the man who will author the History of Nursing in Canada. The surprised audience greeted Mr. Gibbon with thunderous applause, which demonstrated their unanimous approval of the selection of Mr. Gibbon. Just one nurse confessed afterwards that, having heard of Mr. Gibbon's literary accomplishments over that seemed to her a very long period of years, she had wondered if Mr. Gibbon might be, to use the vernacular, "biting off more than he could chew" in undertaking, at this stage of his career, to write the history, but after seeing and hearing Mr. Gibbon at the convention, she concluded that he would be looking for new fields to conquer long after the History of Nursing was completed.

Most conventions end with a banquet, but the C.N.A. put their banquet right spang in the middle of the week's program, probably because it was realized that everybody would be ready for a good "sit" long before the week was out. For all but the head table guests with responsibilities on their shoulders, the banquet was a welcome period of relaxation and enjoyment.

Many of the nurses looked nicer than women at a convention have any right to

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THE ART AND SCIENCE OF NURSING

By Ella L. Rothweiler and Jean Martin White. The latest edition of this valuable textbook contains a new unit of three chapters on "The Nurse and Health Conservation", also material on blood and plasma banks and on the iron lung. Seven large printings. 793 pages, 145 illustrations. **$4.40.**

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look. Corsages were numerous and beautiful. Above the chairman's chair were the letters C.N.A., about two feet high, done in peonies, original and more lovely than you can imagine. Listening to the banquet program made you proud to be a women. One after another the women rose, the president, the speaker, Miss Kennethe Haig, Fanny Upton who presented the Mary Agnes Snively Medals, Lieutenant-Colonel Dorothy MacRae who responded so sweetly and sincerely to the toast to the nursing sisters, Elizabeth Smellie who gave, without previous preparation, the speech of her career, these and others spoke so well, so entertainingly and yet with such depth of feeling and understanding that the heart and mind applauded every word.

Thursday we were back to work again, with health insurance and nurse placement bureaux the subjects of the day. Study of the problems of establishing nurse placement bureaux in Canada was made immeasurably easier by the help given by Miss Anna Tittman, executive director of the Nurse Placement Service in Chicago. Miss Tittman endeared herself to her audience by introducing herself as "the American who doesn't know all the answers", but, to this listener at least, it appeared that she knew plenty of them.

One of the questions of the week was whether or not Mrs. R. F. McWilliams, who had been ill all week, would be well enough to address the convention on Thursday evening on the Role of Women in Postwar Work. Mrs. McWilliams was there, and, if she speaks any better when in good health than she spoke that Thursday evening, its beyond my imagining how she does it. As Miss Fanny Munroe said in thanking her, "She spoke for forty minutes, and it seemed like five", and no better tribute than that can be paid to any speaker.

As soon as the business of convention was over, one hundred and fifty nurses accepted the invitation of the Sisters of Charity, Grey Nuns, to their reception at St. Boniface Hospital and found one-hundred-year-old St. Boniface a peaceful haven after the racing at Winnipeg. St. Boniface has, so gentle Sister Lucy told the writer, graduated two thousand nurses to take their places in the service of the sick in Canada.

J. M. SOUTHEY

A Nurse's Prayer

When I shall walk softly
Down dark wards at night,
To a child who is crying
May I carry a light
Which will bring to him
Comfort, and calm his fright.

When I shall walk gently
By those in great pain
Whose tired eyes are begging
For rest, wilt Thou deign
To give to me strength
To help them fight again?

When I shall walk quietly
By mothers who go
Through a shadowy valley
May I help them to know
Thy courage and patience,
Though the journey be slow.

When I shall walk readily
Where men who have fought
And suffered for freedom
Of conscience are brought,
Give me braveness and kindness
And steadying thought.

So may I walk happily
When there is need,
At home or abroad.
And wilt Thou, indeed,
Grant me vision and skillfulness
Where Thou dost lead?

— CHRISTINE E. CHARTER

B.S. Degree to be Required

Requirements for admission to the Johns Hopkins Hospital School of Nursing have been changed, to become effective next October, at which time a baccalaureate degree from a college or university accredited by a regional association, or its equivalent, will be required.

Until now, a high school diploma or its

A time-proven reliable relieving aid for infant's simple constipation, teething fevers, stomach upsets. A boon to mothers and nurses as an evacuant in the digestive disturbances which often accompany teething or which sometimes follow a change of food, where prompt yet gentle elimination is desirable. Sympathetic to baby's delicate system. No opiates of any kind. Over 40 **years** of ever-increasing use speak highly for **their** effectiveness.

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By M. Gray Macdonald, R.N. Formerly Nurse, Stanley Works Steel and Hardware Company, New Britain, Conn.; the United States Rubber Company, New York City; and Winnsboro Cotton Mills and Mill Village, Winnsboro, S.C.

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This book is designed as a text for professional students in Public Health Nursing, as a reference on vocational guidance in schools of nursing and as a Manual for industrial nurses on the job. A study of the material and educational suggestions will guide and thoroughly prepare the nurse to meet the unique demands of the highly specialized industrial nursing field.

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equivalent, has been required for admission but for years the majority of students entering the Johns Hopkins School of Nursing have either a college degree, or one, two, or three years of college work. It has been difficult to plan an educational program which would at once be satisfactory to all of these groups. This change in the admission requirements will bear a profound impression on the future curriculum of the school.

—*American Journal of Nursing*

A New Hair-do

According to the *Nursing Times* of April 22, 1944, the Incorporated Guild of Hairdressers, Wigmakers and Perfumers is making a great effort to launch a short hair vogue modelled after the style worn by Ingrid Bergman in "For Whom the Bell Tolls". The Guild is to hold demonstrations throughout the country, stressing the hygienic qualities of short hair, that it is safe for the factory worker, that it needs no pins or clips and that it improves with combing. The hair, the head over, is only one to five inches. What an ideal foundation on which to poise a cap!

A Newly Created Department

The announcement by the Prime Minister of Canada that there will be established in the Dominion Government a Department of National Health and Welfare under a minister of national health and welfare will meet with general approval throughout Canada. The previous announcement that in the development of the Departments of Veterans' Affairs, Reconstruction and Welfare, the name "Health" would disappear as a title for either minister or department created a feeling of dismay in the minds of all who have considered health as a first objective of the Government. That the name "Health" should vanish just as the Government prepared to launch on an extensive Dominion-wide health program was more than anomalous.

It is significant that in many of the most progressive countries of the world it has been considered essential that there be a

minister of health. Notably this is true in New Zealand, which seems to be a world leader both in health services and low mortality rates. Similarly in Great Britain and Belgium there are ministers of health. In Australia there is a minister of health and social service. In France before the war there was a minister of family and health. In Russia there is the powerful Peoples Commissariat of Health. In other countries there are ministers of health which suggest other allied objectives in their titles. This is true in Brazil, Bolivia, Nicaragua, Paraguay, Peru, and Newfoundland. In the United States, although there is not as yet a secretary of health in the cabinet, there is the United States Public Health Service with far-reaching federal powers.

It is most significant that there are three great countries in which one fails to find the term "health" in connection with any ministry. These are Germany, Italy, and Spain. Apparently totalitarianism and health are far apart in theory as well as in fact.

Benjamin Disraeli, great Prime Minister of the last century, stated that the first duty of the statesman is the care of the public health. That Canada will establish a Ministry of National Health and Welfare means that the Dominion recognizes the true ideal of statesmanship. Had we dropped the term, it would have implied less attention to health. That we have retained it is a guarantee of our sincerity in our stated ideal of better health for all the people.

Health Magazine,
Health League of Canada.

Civilian Nursing in India

The Nursing Journal of India for February 1944 carries a story of the growth of the Trained Nurses Association of India from its inception in 1908 up to 1943. One plaintive sentence is so reminiscent of provincial association difficulties in checking up on nurses who default on their annual fees. There are some very interesting figures which show the problems which must exist. Think of your own community and the staff shortages you are experiencing and compare your problems with those our colleagues in India have to face.

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(1) A four-months course is offered in **Obstetrical Nursing.** (2) A two-months course is offered in **Gynecological Nursing.** For further information apply to: **Miss Caroline Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital, Montreal.**

(3) A four-months course is offered in **Operating Room Technique and Management.**

For further information pply to:

Miss F. Munroe, R. N.
Superintendent of Nurses
Royal Victoria Hospital
Montreal, P.Q.

Here are a few of the items:

There are roughly only about 7,500 registered nurses, about one-third as many as we have in Canada.

There is only one nurse to every 50,000 of the population or one to every 241 square miles over the country as a whole. The tendency there, too, is for nurses to congregate in the urban areas and, as a result, in many of the rural areas there are no nurses at all.

There is only one nurse to about six registered medical practitioners. This topsy-turvy state of affairs is unique and is probably not found in any other country.

Most nurses are also midwives.

At least one-third of the total membership is composed of Indian nurses.

There is a strong committee working with the different Governments in the consideration of the advancement of nursing in the reconstruction period.

The nurses of Canada wish them well!

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER:

At a recent meeting of the Vancouver Chapter, R.N.A.B.C., Miss Elinor Palliser, superintendent of nurses of the Vancouver General Hospital, gave an interesting illustrated talk on a cruise to Greece which was very much enjoyed by the large group in attendance.

VICTORIA:

Victoria Military Hospital:

Several changes in staff have taken place in this hospital, with Sisters being posted to overseas hospitals and others being posted to various places in the Province.

WANTED

A Night Supervisor is required for the **Regina General Hospital.** Please send applications, stating qualifications, experience, and salary expected, to:

Superintendent of Nurses, Regina General Hospital, Regina, Sask.

WANTED

Applications are invited from **Registered Nurses** for **General Duty** in a **Tuberculosis Sanatorium.** When writing state age, etc.; previous experience not essential. The salary offered is $80 a month, with full maintenance. Good working hours. Address applications to the:

Superintendent of Nurses, Mount Sinai Sanatorium,
Ste. Agathe des Monts, P.Q.

WANTED

A Clinical Supervisor is required for the **St. Catharines General Hospital.** The salary is $95 per month, and full maintenance. Apply, stating qualifications and experience, to the:

Superintendent, St. Catharines General Hospital, St. Catharines, Ont.

WANTED

Applications are invited for the position of **Classroom Instructor** in a 146-bed hospital. Complete maintenance is provided. State experience and qualifications in first letter to:

The Superintendent, Medicine Hat General Hospital, Medicine Hat, Alta.

WANTED

Applications are invited from **Registered Nurses** for **General Duty:** Salary, $75 per month, with full maintenance; for permanent Night Duty, $85 per month. Apply to:

Mrs. E. M. Wright, Superintendent, Brome-Missisquoi-Perkins Hospital,
Sweetsburg, P. Q.

WANTED

An **Assistant Night Supervisor** is required for a 250-bed hospital. The salary is $100 per month, plus full maintenance. Six nights off each month, and one month's holiday with salary yearly. Apply to:

Miss D. Parry, Superintendent of Nurses, Children's Memorial Hospital,
Montreal, P. Q.

WANTED

Four General Duty Nurses are required **immediately** for the **Tranquille Sanatorium.** The salary is $129.92 per month; $27.50 is deducted for maintenance. Half of fare refunded after 6 months service. Apply to:

Miss G. M. Currie, Superintendent of Nurses, Tranquille Sanatorium,
Tranquille, B. C.

Lt. N/S H. J. Battram has recently returned to Victoria after making two trips on the hospital ship Lady Nelson. Before joining the Lady Nelson staff, Sister Battram spent several months in Prince Rupert where she went after a brief stay in the Victoria Military Hospital in 1942. Another original Victoria Military Hospital staff member has also returned after several months in both Vernon and Terrace, Lt. N/S B. Jenkins, who is now assistant to the Matron at Victoria. Lt. N/Ss S. McDiarmid and I. Knight, who left Victoria for Terrace a few months ago, have now been posted to No. 24 Canadian General Hospital. Lt. N/S J. Ciceri went up to Terrace at the same time. Lt. N/S D. J. Manning left for Port Alberni in May after a very successful Victory Loan campaign in which she persuaded the Hospital Unit to double its quota. For her efforts, the Unit was awarded the Army Camp cup, which was presented at an appropriate ceremony at Work Point Barracks. Lt. N/S Colquhoun left Victoria for the East in April on her way to an unknown destination overseas.

NEW BRUNSWICK

St. Stephen:

At the July meeting of the St. Stephen Chapter, N.B.A.R.N., our guest speaker was Dr. Bukar, who with Mrs. Bukar conducted a hospital with training school in Burma. They continued with this hospital for two years following the outbreak of war. His subject was the work of the American Medical Corps. A social hour followed.

Arthuretta Branscombe, superintendent of Chipman Memorial Hospital for many years, is visiting in St. Stephen. Recently she was guest at a banquet given in her honour by some of her graduates. Later cards were enjoyed at the home of Myrtle Dunbar.

NOVA SCOTIA

New Glasgow:

The basket picnic held by the Aberdeen Hospital Alumnae Association at the summer home of the president, Mrs. MacGillivray MacLeod, Pictou Landing, was a great success. Among the twenty-four present were three members from a distance—Mrs. Mame Mahoney Sullivan, of Cambridge, Mass.; Mrs. Mona Morrison Flanders, of Belmont, Mass.; and Mrs. Eva Cruickshank Clarke, of Sunny Brae. Miss Richardson, superintendent of Aberdeen Hospital, and eight members of the graduating class were guests. They were all given a warm welcome by Mrs. MacLeod and the afternoon and evening were thoroughly enjoyed. The supper tables were set out under the trees in a very pretty spot and Mrs. MacLeod was assisted in the preparations and serving by Mrs. Harry Murray, Mrs. Newman MacDonald, Mrs. Kay MacGillivray, Mrs. J. T. Cumming, and Mrs. Clarke. Everyone looks forward to this annual picnic for they always meet members from a distance. Much credit is due to Mrs. C. Ervin and Mrs. D. MacLean, the committee in charge of arrangements for the attending success.

ONTARIO

Editor's Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

District 1

Chatham:

The first nurses' home in Ontario, and perhaps in Canada, named for a living superintendent, Miss Priscilla Campbell, the Priscilla Campbell Nursing Home of the Public General Hospital here, was opened on June 21, 1944. Miss A. M. Munn, director of nurse registration in the province, officially conducted the opening ceremony. Miss Munn congratulated the Board of Trustees in offering a tribute to Miss Campbell for her twenty-three years of work as a supervisor instead of a memorial by naming the nurses' home after her. She said it is the first nurses' home in Canada to be named after a living supervisor, and believed it to be the second one on the continent. She revealed that three years ago, Jersey City named a nurses' home after its superintendent, a Canadian trained nurse, to establish a precedent in the United States.

Invocation was given by Rev. Dr. M. Scott Fulton and Roy S. Reynolds, chairman of the building committee of the hospital board, was first to speak. Miss Campbell replied to Miss Munn. Miss Ruth Hales spoke on behalf of the nurses' alumnae, outlining the growth of student nursing classes from the time the first class of three was enrolled until the present class of 80. A photograph of Miss Campbell was presented to the administrator on behalf of the nurses' alumnae by Miss Deby Hooper. Miss Gwalchmai thanked Miss Campbell, the Board of Trustees, and women's organizations on behalf of the nurses.

Official Directory

International Council of Nurses

Executive Secretary, Miss Anna Schwarzenberg, 1819 Broadway, New York City 23 New York, U.S.A.

THE CANADIAN NURSES ASSOCIATION

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First Vice-President	Miss Rae Chittick, Normal School, Calgary, Alta.
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Alberta: (1) Miss Ida Johnson, Royal Alexandra Hospital, Edmonton; (2) Miss B. J. von Gruenigen, Calgary General Hospital; (3) Miss R. E. McClure, Clover Bar Health Unit, Qu'Appelle Bldg., Edmonton; (4) Miss N. Sewallis, 9918-108th St., Edmonton.

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New Brunswick: (1) Sister Kerr, Hotel Dieu Hospital, Campbellton; (2) Miss Marion Myers, Saint John General Hospital; (3) Miss Muriel Hunter, Dept. of Health, Fredericton; (4) Mrs. M. O'Neal, 170 Douglas Ave., Saint John.

Nova Scotia: (1) Miss R. MacDonald, City of Sydney Hospital; (2) Sister Catherine Gerard, Halifax Infirmary; (3) Miss M. Shore, 814 Roy Bldg., Halifax; (4) Miss M. Ripley, 46 Dublin St., Halifax.

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General Secretary, Miss K. W. Ellis, National Office, 1411 Crescent St., Montreal, P.Q.

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Hospital and School of Nursing Section

Chairman: Miss Martha Batson, Montreal General Hospital. First Vice-Chairman: Reverend Sister Clermont, St. Boniface Hospital, Man. Second Vice-Chairman: Miss G. Bamforth, Royal Alexandra Hospital, Edmonton, Alta. Secretary: Miss Vera Graham, Homoeopathic Hospital, Montreal.

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Provincial Associations of Registered Nurses

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BRITISH COLUMBIA

Registered Nurses Association of British Columbia

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ONTARIO

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Prince Edward Island Registered Nurses Association

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QUEBEC

Registered Nurses Association of the Province of Quebec (Incorporated, 1920)

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated 1917)

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Regina Registered Nurses Association

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A.A., Vancouver General Hospital, Vancouver

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A.A., Misericordia General Hospital, Winnipeg

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A.A., Saint John General Hospital, Saint John

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A.A., St. Joseph's Hospital, Hamilton

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A.A., Ottawa General Hospital, Ottawa

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